

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 11 AM 9:10

DOCUMENT # P94000035072 (5)

1. Corporation Name

FM CAPITAL CITY CORP.

Principal Place of Business

1401 MANATEE AVENUE WEST
SUITE 1010
BRADENTON FL 34205

Mailing Address

1401 MANATEE AVENUE WEST
SUITE 1010
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

05-0516470

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite 1110

Suite, Apt. #, etc.

Suite 1110

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKAY, JOHN
1401 MANATEE AVENUE WEST
SUITE 1010
BRADENTON FL 34205

Suite 1110

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent not applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
ROSENBLUM, FRANK B
STREET ADDRESS
3007 SHAMROCK NORTH
CITY ST ZIP
TALLAHASSEE FL 32308

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
D
MCKAY, JOHN M
STREET ADDRESS
1401 MANATEE AVENUE WEST
CITY ST ZIP
BRADENTON FL 34205

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the person authorized and empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. McKay, 5/15/95

813-747-0606

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 1 10 05

DOCUMENT # P94000035652 (4)

1. Corporation Name

MASTER STARTER, INC.

Principal Place of Business

2917 WEST STARTER ROAD 434
LONGWOOD FL 32779

Mailing Address

2917 WEST STARTER ROAD 434
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3246366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2180 W. STATE ROAD 434

2a. Mailing Address

26 2180 W. STATE ROAD 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5140

27 Suite 5140

City & State

City & State

23 LONGWOOD FLORIDA

28 LONGWOOD FL.

Zip

Country

Zip

Country

24 32779

25 USA

29 32779

30 USA

9. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR
SUITE 800
505 WEKIVA SPRINGS RD.
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature: typed or printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COMSTOCK, GREGORY W
STREET ADDRESS 2917 WEST STATE ROAD 434
CITY ST ZIP LONGWOOD FL 32779

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME COMSTOCK, GREGORY W.
13 STREET ADDRESS 2180 W. STATE ROAD 434, SUITE 5140
14 CITY ST ZIP LONGWOOD FL. 32779

21 TITLE SECRETARY
22 NAME WOLLNER, RICHARD
23 STREET ADDRESS 2180 W. STATE ROAD 434, SUITE 5140
24 CITY ST ZIP LONGWOOD FL. 32779

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GREGORY W. COMSTOCK PRESIDENT 6/6/95
407-888-7116

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 11 AM 9:32

DOCUMENT # P94000035842 (1)

1. Corporation Name

DENTAL TECHNIQUES, INC.

Principal Place of Business

12711 MCGREGOR BLVD.
 SUITE B
 FT. MYERS FL 33919

Mailing Address

12711 MCGREGOR BLVD.
 SUITE B
 FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0494056

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
 Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 100.032,
 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARBIENER, CHARLES F JR
 5245 BIG PINE WAY
 SUITE 103
 FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
 NAME: SCHAFFER, MICHAEL D
 STREET ADDRESS: 8312 PITTSBURGH BLVD.
 CITY, ST, ZIP: FT. MYERS FL 33912

11 TITLE: ☐ Change ☐ Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

21 TITLE: ☐ Change ☐ Addition
 22 NAME:
 23 STREET ADDRESS:
 24 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

31 TITLE: ☐ Change ☐ Addition
 32 NAME:
 33 STREET ADDRESS:
 34 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

41 TITLE: ☐ Change ☐ Addition
 42 NAME:
 43 STREET ADDRESS:
 44 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

51 TITLE: ☐ Change ☐ Addition
 52 NAME:
 53 STREET ADDRESS:
 54 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

61 TITLE: ☐ Change ☐ Addition
 62 NAME:
 63 STREET ADDRESS:
 64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael D Schaffer President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95

813-482-8773

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 11 AM 9:37

DOCUMENT # P94000036723 (2)

1. Corporation Name

WAX & SONS IMPORT & EXPORT INC.

Principal Place of Business

Mailing Address

13903 S.W. 103RD LANE
MIAMI FL 33186

13903 S.W. 103RD LANE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/16/1994

4

4. FEI Number

65-0492219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election of Corporate Tax Status
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERA, ARMANDO
13903 S.W. 103RD LANE
MIAMI FL 33186

81 Name
Alejandro SERA

82 Street Address (P.O. Box Number is Not Acceptable)

13903 SW 103 LN

83 City, State, Zip
Miami FL 33186

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Alejandro SERA

June 9 / 95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any, list name, title, address, and city, state, and zip)

TITLE	PD
NAME	SERA, ADDYS
STREET ADDRESS	13903 S.W. 103RD LANE
CITY, ST, ZIP	MIAMI FL 33186
TITLE	SD
NAME	SERA, ARMANDO
STREET ADDRESS	13903 S.W. 103RD LANE
CITY, ST, ZIP	MIAMI FL 33186
TITLE	TD
NAME	SERA, ALEJANDRO
STREET ADDRESS	13903 S.W. 103RD LANE
CITY, ST, ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or its successor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alejandro SERA

6/9/95 383-1058