

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:48

DOCUMENT # P94000035795 (1)

1. Corporation Name

ROYAL RESPITE, INC.

Principal Place of Business

**22350 SW 57TH CIR
BOCA RATON FL 33428**

Mailing Address

**22350 SW 57TH CIR
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/09/1994** 3a. Date of Last Report **N/A**

4. FEI Number **65-0497577** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired **DOA** \$8.75 Additional Fee Required

6. Election Campaign Financing 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

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BECK, RUTH F
22350 SW 57TH CIR
BOCA RATON FL 33428**

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

Ruth J Beck

May 29, 1995

12. OFFICERS AND DIRECTORS

P
NAME **BECK, EDWIN R**
STREET ADDRESS **22350 SW 57TH CIR**
CITY - ST - ZIP **BOCA RATON FL 33428**

VST
NAME **BECK, RUTH F**
STREET ADDRESS **22350 SW 57TH CIR**
CITY - ST - ZIP **BOCA RATON FL 33428**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth J Beck

Ruth F. Beck

5/29/95

407-477-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

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1995



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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035963 (5)

1. Corporation Name

PROJECTION ROOM ARCHITECTS INC.

Principal Place of Business

Mailing Address

20 ISLAND AVE., 1514
MIAMI BEACH FL 33139
4120 LAGUNA ST.
CORAL GABLES, FL 33146

20 ISLAND AVE., 1514
MIAMI BEACH FL 33139
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0492555

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

7. This corporation has timely filed its public tax under § 199.33C,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 4120 LAGUNA ST.

2a. Mailing Address

26 4120 LAGUNA ST.

Suite, Apt. #, etc

22 (UPSTAIRS)

Suite, Apt. #, etc

27 (UPSTAIRS)

City & State

23 CORAL GABLES, FL.

City & State

28

ZIP

24 33146

Country

25 USA.

ZIP

29

Country

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVO, JUAN A
20 ISLAND AVE., 1514
MIAMI BEACH FL 33139

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 acknowledge the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JUAN A. CALVO

JUNE 1, 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT & DIRECTOR
NAME OMAR MORALES
STREET ADDRESS
CITY ST ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE V. PRESIDENT
NAME JUAN A. CALVO
STREET ADDRESS 20 ISLAND AVE. / 1514
CITY ST ZIP MIAMI BEACH FL. 33139

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 119.07(2)(b), Florida Statutes. I further certify that the information included 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 the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 1, 95

Date

569.6111

Signature Change #

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1995



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

DOCUMENT # **P94000036165 (6)**

1. Corporation Name

TMG ENGINEERING, INC.

Principal Place of Business

Mailing Address

**1632 PENNSYLVANIA AVE
SUITE 222
MIAMI BEACH FL 33139**

**1632 PENNSYLVANIA AVE
SUITE 222
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/09/1994

4. FEI Number

65-0492437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELAND & RUSSIN, P.A.
701 BRICKELL AVE
SUITE 1110
MIAMI FL 33131**

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)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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