

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
100 North Florida Avenue, Tallahassee, FL 32301

APPROVED
AND
FILED

MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038482 (3)

DALKO INDUSTRIES, INC.

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 3a. Date of last report

05/23/1994

4. FEI Number

65-0493719

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

21

2a. Mailing Address

26

State, Apt. # etc.

22

State, Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAST, LILLIAM
10030 S.W. 40TH ST.
SUITE A
MIAMI FL 33165

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 Sections 607.0505, Florida Statutes.

SIGNATURE

(Print or type name of individual filing this statement. If filing by a corporation, print or type name of the corporation.)

(If the Registered Agent is a corporation, print or type name of the corporation.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1a. TITLE	PD
1b. NAME	LOPEZ, LEONEL
1c. STREET ADDRESS	17310 N.W. 80TH AVE.
1d. CITY, ST., ZIP	HALEAH FL 33015
2a. TITLE	VDS
2b. NAME	LOPEZ, AURA
2c. STREET ADDRESS	17310 N.W. 80TH AVE.
2d. CITY, ST., ZIP	HALEAH FL 33015
3a. TITLE	
3b. NAME	
3c. STREET ADDRESS	
3d. CITY, ST., ZIP	
4a. TITLE	
4b. NAME	
4c. STREET ADDRESS	
4d. CITY, ST., ZIP	
5a. TITLE	
5b. NAME	
5c. STREET ADDRESS	
5d. CITY, ST., ZIP	
6a. TITLE	
6b. NAME	
6c. STREET ADDRESS	
6d. CITY, ST., ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST., ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST., ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST., ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST., ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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(4)(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 or person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an after formed with an address.

SIGNATURE:

Leonel Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

305 356 0244

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **P94000038802 (2)**

201122 11:15

ENCORE DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1550-1 HENDRICKS AVE.
JACKSONVILLE FL 32207

1550-1 HENDRICKS AVE.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

3a. Date of Last Report

05/19/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

24 25 29 30

4. FET Number

Applied For

59-3248226

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 notice for intangible tax under S. 193(2)(b)

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, TOM
1550-1 HENDRICKS AVE.
JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.150A, Florida Statutes, this 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 a resident of the State of Florida and accept the obligations of Section 607.01(1)(b), Florida Statutes.

SIGNATURE

Signature of the person appointed agent or the Corporation

Signature of the person appointed agent or the Corporation

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D LEONARD, TOM
2. STREET ADDRESS	1550-1 HENDRICKS AVE.
3. CITY & STATE	JACKSONVILLE FL 32207
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY & STATE		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY & STATE		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY & STATE		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY & STATE		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 193(2)(b), Florida Statutes. I further certify that this information indicates that the agent 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 of the report as an attachment with an address.

SIGNATURE:

Tom Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95

904-588 0713