

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

APPROVED
AND
FILED

05 MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041920 (7)**

1. Corporation Name

MONDIAL INTERIOR DESIGNS, INC.

Principal Place of Business	Mailing Address
3309 W. WALLCRAFT AVE. TAMPA FL 33611	3309 W. WALLCRAFT AVE. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/06/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21	26

4. FEI Number 59-3240829	Applied For Not Applicable
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Suite Apt. #, etc.	Suite Apt. #, etc.
22	27

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

City & State	City & State
23	28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip	Country	Zip	Country
24	25	29	30

8. This corporation has liability for intangible tax under S. 195.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent			
LAMONT, DAVID A 5999 CENTRAL AVE., STE. 202 ST. PETERSBURG FL 33710			

10. Name and Address of New Registered Agent			

81 Name			
82 Street Address (P.O. Box Number, if Not Acceptable)			
83			
84 City			
FL			

85 Zip			
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11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) Florida Statutes, the above named corporation, its registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b) Florida Statutes.

SIGNATURE

(Signature of Registered Agent, if Registered Agent is not a corporation)

(Signature of Registered Agent, if Registered Agent is a corporation)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
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12.1	D
NAME	HOWDEN, KELLI M
STREET ADDRESS	3309 W. WALLCRAFT AVE.
CITY, ST, ZIP	TAMPA FL 33611

13.1	PC	FRANCO A. PASQUALE ☒ Change ☐ Addition
13.1.1	NAME	3309 W. WALLCRAFT AVE
13.1.2	STREET ADDRESS	TAMPA FL 33611

12.2	D
NAME	PASQUEALE, FRANCO A
STREET ADDRESS	3309 W. WALLCRAFT AVE.
CITY, ST, ZIP	TAMPA FL 33611

13.2	D	STEPHEN M. VOLTARELLI ☒ Change ☐ Addition
13.2.1	NAME	3309 W. WALLCRAFT AVE.
13.2.2	STREET ADDRESS	TAMPA FL 33611

12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.3	T	Mrs LUCIA PASQUALE ☐ Change ☒ Addition
13.3.1	NAME	84-33 124 ST.
13.3.2	STREET ADDRESS	Kew GARDENS NY 11415

12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.4		☐ Change ☐ Addition
13.4.1	NAME	
13.4.2	STREET ADDRESS	

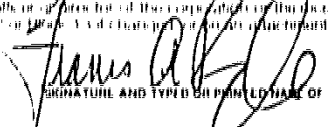
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.5		☐ Change ☐ Addition
13.5.1	NAME	
13.5.2	STREET ADDRESS	

12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.6		☐ Change ☐ Addition
13.6.1	NAME	
13.6.2	STREET ADDRESS	

14. I, the undersigned, certify that the information furnished with this filing was voluntarily furnished and that, not qualify for the exemption, stated in Section 190.03(1)(b) Florida Statutes. I further certify that the information furnished on this filing is true and correct and that my signature shall have the same legal effect as if made in person. I am aware of the consequences of this filing and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this filing. I do hereby certify that I am familiar with my address.

SIGNATURE:  **FRANCO A. PASQUALE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 14, 1995 **813-835-4036**

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Charles B. McArthur
Secretary of State
One Sunshine Skyway Center, Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

DOCUMENT # P94000041979 (3)

1. CORPORATION NAME

PINES PHYSICAL THERAPY AND REHABILITATION CENTER, INC.

MAY 10 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
1803 ENCINO CIRCLE E.
PEMBROKE PINES FL 33027

Mailing Address
1803 ENCINO CIRCLE E.
PEMBROKE PINES FL 33027

2. FILING DATE IN THIS STATE

3. (Date Report Due or 12 months)
06/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FFI Number

Applied For

21

26

65-0498452

Not Applicable

State Apt. # etc.

State Apt. # etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23. Zip

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199 (32)

Foreign Entity

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, MICHAEL L ESQ.
409 S.E. 7TH ST.
FT. LAUDERDALE FL 33301**

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 141.15(2) and 141.15(3), 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. Thereby, I, as the applicant as registered agent I am assuming and accepting the obligation of Section 141.05(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the applicant)

Signature of New Registered Agent (if not the applicant)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CANDIDATES TO OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS	PTD
NAME	SHURPIN, SCOTT
STREET ADDRESS	1603 ENCINO CIRCLE E.
CITY	PEMBROKE PINES FL 33027
NAME	SD
STREET ADDRESS	SHURPIN, JUDY
CITY	1603 ENCINO CIRCLE E.
	PEMBROKE PINES FL 33027

13. ADDITIONAL CANDIDATES TO OFFICERS AND DIRECTORS	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily, true and correct and that I am not aware of any other information that would require me to file a supplemental report or supplemental annual report or that I am not aware of any other information that would require me to file a supplemental report or supplemental annual report or that I am not aware of any other information that would require me to file a supplemental report or supplemental annual report.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Shurpin President 5/10/95 (301) 436-8282