

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
P.O. Box 1000, Tallahassee, FL 32304

65 JUN 26 AM 8:44

DOCUMENT # P94000043673 (0)

HOLLYWOOD BEACH QUALITY RESORT REALTY SALES INC.

1. Principal Office (Street)		2a. Mailing Address	
101 N. OCEAN DRIVE SUITE 116 HOLLYWOOD FL 33019		101 N. OCEAN DRIVE SUITE 116 HOLLYWOOD FL 33019	
2. Telephone Number (Number)	2a. Mailing Address	3. Date of Incorporation/Qualification	3a. Date of Last Report
21	26	06/10/1994	
22. State Agent #	27. State Agent #	4. FFL Number	Applied For / Not Applicable
22	27	65-0527484	
23. City, State	28. City, State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. City, State	29. City, State	6. Certificate of Status Desired	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
25. City, State	30. City, State	7. This corporation has liability for intangible tax under s. 198.02, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

(DO NOT WRITE IN THIS SPACE)

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name LAWRENCE M. HERSHMAN
82 Street (P.O. Box Number is Not Acceptable) 598 SW 15 ST
83
84 City BOCA RATON **85** City Code FL 33432

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both as provided in Florida Statutes, such change was authorized by the corporation's board of directors. I, the undersigned, hereby accept the appointment as registered agent. I am

SIGNATURE: *Lawrence M. Hershman* 6/7/95

12. REGISTERED AGENT INFORMATION

D

1. NAME HERSHMAN, LAWRENCE M
2. STREET ADDRESS 598 S.W. 15TH ST.
3. CITY, STATE AND ZIP BOCA RATON FL 33432

13. REGISTERED AGENT INFORMATION

1. NAME D, P, S, T
2. STREET ADDRESS
3. CITY, STATE AND ZIP

Change Addition

14. The undersigned certifies that the information supplied and this filing is voluntarily furnished and does not qualify for the exemption stated in Law 607.02(4), Florida Statutes. I further certify that the information submitted on this report is true and correct and that my signature shall have the same legal effect as if made under oath. This is an official certificate for all the purposes of the revision of the report required to meet the this report as required by Chapter 607, Florida Statutes, and that my office appears on the back of this report as the official business address.

SIGNATURE: *Lawrence M. Hershman* PACC 6/7/95 3059255788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE M. HERSHMAN, PACC

CR2E034 (3/95)

**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
Jeffrey B. Matlock
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P93000043695 (4)**

LIZMAR, INC.

1. Principal Office Address		2. Mailing Address		3. Date incorporated in jurisdiction		4. Date of last report	
9401 HARDING AVE SURFSIDE FL 33154		9401 HARDING AVE SURFSIDE FL 33154		06/21/1993		04/22/1994	
21. Filing of the report	22. Mailing Address	23. Filing of the report	24. Mailing Address	4. Filing Number	Applied Fee	5. Certificate of Status (None) <input type="checkbox"/>	
21	26	27	30	65-0422020		\$8.75 Additional Fee Required	
23	28	29	30	6. Certificate of Status (None) <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation is subject to the provisions of Chapter 607, Florida Statutes <input checked="" type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRATTON, DOUGLAS D ESO 407 LINCOLN RD SUITE 2B MIAMI BEACH FL 33139				B1	Name		
				B2	Address		
				B3	City		
				B4	State		
				FL	B5	Zip Code	

11. I, the undersigned, the person or persons named in this report, hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

12. Name	D ROBINSON, ELIZABETH 9401 HARDING AVE SURFSIDE FL 33154	13. Name	D Rivera, Robinson, Elizabeth 9401 Harding Avenue Surfside, FL 33154	<input checked="" type="checkbox"/>
14. Name		15. Name		<input type="checkbox"/>
16. Name		17. Name		<input type="checkbox"/>
18. Name		19. Name		<input type="checkbox"/>
20. Name		21. Name		<input type="checkbox"/>
22. Name		23. Name		<input type="checkbox"/>
24. Name		25. Name		<input type="checkbox"/>
26. Name		27. Name		<input type="checkbox"/>
28. Name		29. Name		<input type="checkbox"/>
30. Name		31. Name		<input type="checkbox"/>
32. Name		33. Name		<input type="checkbox"/>
34. Name		35. Name		<input type="checkbox"/>
36. Name		37. Name		<input type="checkbox"/>
38. Name		39. Name		<input type="checkbox"/>
40. Name		41. Name		<input type="checkbox"/>

14. I, the undersigned, hereby certify that the information required with this filing is voluntarily furnished and does not apply for the reasons stated in Section 607.01, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: *Elizabeth Robinson Rivera*, Elizabeth Robinson Rivera, Director 6/6/95 (305) 866-2324

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 JENNIFER B. WALKER
 Secretary of State
 1900 North Bay Street, Tallahassee, Florida 32304

DOCUMENT # P94000043795 (1)

PREMIER SYSTEMS ENGINEERING CORPORATION

Principal Office: 2837 JACK NICKLAUS WAY, SHALIMAR FL 32579
 Mailing Office: 2837 JACK NICKLAUS WAY, SHALIMAR FL 32579

2	2a	3	3a
21	26	06/13/1994	N/A
22	27	4. FIC Number: 593255589	Applied For / Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	29	6. Has this corporation been in existence for at least 12 months?	\$5.00 May Be Added to Fees
25	30	7. This corporation has liability for unpaid taxes under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEAD, MICHAEL W 24 WALTER MARTIN RD. FORT WALTON BEACH FL 32548	81 Name 82 Street Address, P.O. Box Number, Not Applicable 83 84 City, FL 85 Zip Code

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
NAME: PST MATHIASMEIER, MARY J ADDRESS: 2837 JACK NICKLAUS WAY, SHALIMAR FL 32579 TITLE: V NAME: STEIN, IRA ADDRESS: 05 PINE AVE., FAIR LAWN NJ 07410	NAME: _____ ADDRESS: _____ TITLE: _____ NAME: _____ ADDRESS: _____ TITLE: _____ NAME: _____ ADDRESS: _____ TITLE: _____ NAME: _____ ADDRESS: _____ TITLE: _____ NAME: _____ ADDRESS: _____ TITLE: _____ NAME: _____ ADDRESS: _____ TITLE: _____

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate, and true and correct, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Mary J. Mathiasmeier* June 20, 1995 904-651-3496
 MARY J. MATHIASMEIER

CR2E004 (3/95)

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



1995

DOCUMENT # P94000044561 (6)

NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.

1720 NE 79 STREET CAUSEWAY SUITE 111
NORTH BAY VILLAGE FL 33141

1720 NE 79 STREET CAUSEWAY SUITE 111
NORTH BAY VILLAGE FL 33141

21	7950 N.W. 53 Street	26	7950 N.W. 53 Street
22	202	27	202
23	Miami, Florida	28	Miami, Florida
24	33166	29	33166
	25 U.S.A.		30 U.S.A.

9. Name and Address of Current Registered Agent

SOLOMON, NORMAN F
1720 NE 79 STREET CAUSEWAY SUITE 111
NORTH BAY VILLAGE FL 33141

3	06/09/1994	3a	1994
4	65-0498809		
5			\$8.75 Additional Fee Required
6			\$5.00 May Be Added to Fees
7			
8			
9			

10. Name and Address of New Registered Agent

81	Name
82	Address
83	
84	

FL 85

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the purposes of this statute.

6/12/95

12.	President	13.	
	Suzanne M. Michel		
	11003 S.W. 123 Court		
	Miami, FL 33186		
	Secretary		
	Carolyn S. Day		
	860 S.W. 150 Terrace		
	Pembroke Pines, FL 33027		
	Director		
	Philip A. Siino		
	6200 Plymouth Lane		
	Davie, FL 33331		
	Director		
	Joseph Jacobs		
	19380 Collins Ave., #801		
	Miami Beach, FL 33160		
	Chief Executive Officer		
	John B. Day, Jr.		
	860 S.W. 150 Terrace		
	Pembroke Pines, FL 33027		

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the purposes of this statute.

SIGNATURE: *Suzanne M. Michel*
Suzanne M. Michel

6/19/95 (305) 865-2490

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$229 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$378)**

STATE OF FLORIDA
DEPARTMENT OF REVENUE
ADVISORY BOARD



DEPARTMENT OF STATE
Secretary of State
Secretary of State
1995

DOCUMENT # P94000044578 (0)

LITTLE FISHIES, INC.

2. Principal Name of Registrant		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
701 BRICKELL AVE SUITE 1200 MIAMI FL 33131		701 BRICKELL AVE SUITE 1200 MIAMI FL 33131		06/09/1994			
21. State of Incorporation		26. Mailing Address		4. FEI Number		Applied For	
FL				65-0507951		Not Applicable	
22. State of Principal Office		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
FL				<input type="checkbox"/>			
23. City, State		28. City & State		6		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>			
24. State		29. City		30. County		8. This corporation has liability for intangible tax under s. 199(1)(3), Florida Statutes	
FL						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

(DO NOT WRITE IN THIS SPACE)

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MONTELLO, LOUIS R 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131				B1 Name			
				B2 Telephone (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0907 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 I accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13	
1. TITLE	D & President	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MONTELLO, SONIA	2. NAME	
3. STREET ADDRESS	701 BRICKELL AVE SUITE 1200	3. STREET ADDRESS	
4. CITY, ST. ZIP	MIAMI FL 33131	4. CITY, ST. ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST. ZIP		8. CITY, ST. ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST. ZIP		16. CITY, ST. ZIP	

14. I declare, under penalty, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(3)(B)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 3, if changed, upon this document with an address.

SIGNATURE: *Sonia Montello* 6/20/95 (305) 373-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (3/95)

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

FLORIDA
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1901 EAST BAY DRIVE
 TALLAHASSEE, FLORIDA 32309-0001

DOCUMENT # **P94000044840 (4)**

FEATHER EDGE CONSTRUCTION, INC.

Principal Office: **643 CRICKLEWOOD TERRACE HEATHROW FL 32746**
 Mailing Address: **643 CRICKLEWOOD TERRACE HEATHROW FL 32746**

2. Filing Date	20. Mailing Address	3. Date of Report (12/31/94)	3a. Date of Report
21. Filing Agent	26. Filing Agent	4. Filing Agent	5. Filing Agent
22. Filing Agent	27. Filing Agent	5. Filing Agent	6. Filing Agent
23. Filing Agent	28. Filing Agent	6. Filing Agent	7. Filing Agent
24. Filing Agent	29. Filing Agent	7. Filing Agent	8. Filing Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBERLING GRAY & WHITE P.A.
 201 S. ORANGE AVE.
 SUITE 760
 ORLANDO FL 32801

B1. Name	B2. Street Address	B3. City	B4. State
			FL

11. I hereby certify that the information furnished with this filing is true and correct and that I am a duly qualified and licensed agent of the State of Florida and am duly qualified to act as a registered agent for the corporation named herein and to accept service of process on behalf of the corporation named herein.

12. Name	13. Address	14. City	15. State
D HORIAN, ROBERT L 643 CRICKLEWOOD TERR. HEATHROW FL 32746			
D HORIAN, YVETTE M 643 CRICKLEWOOD TERR. HEATHROW FL 32746			

14. I hereby certify that the information furnished with this filing is true and correct and that I am a duly qualified and licensed agent of the State of Florida and am duly qualified to act as a registered agent for the corporation named herein and to accept service of process on behalf of the corporation named herein.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. HORIAN

6/8/95 4073332879