

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044219 (1)**

1. Corporation Number

**LAW OFFICE OF VICTOR C. KRUMM, P.A.**

Principal Place of Business

Agency Address

2435 FRUITVILLE ROAD  
SARASOTA FL 34237

2435 FRUITVILLE ROAD  
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/09/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0494758</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for attorney's fees under Chapter 100, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	City
24	29
Country	30

9. Name and Address of Current Registered Agent

**KRUMM, VICTOR C  
2435 FRUITVILLE ROAD  
SARASOTA FL 34237**

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 607.0702 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUMM, VICTOR C</b>	1.2 NAME	
STREET ADDRESS	<b>2435 FRUITVILLE ROAD</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SARASOTA FL 34237</b>	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/5/95

SECRETARY OF STATE

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CORPORATION  
ANNUAL REPORT  
1995



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

APR 26 1995  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044316 (5)**

1. Corporate Name  
**TIME MANAGEMENT, INC.**

Principal Place of Business  
**1312 W WASHINGTON STREET  
ORLANDO FL 32805**

Mailing Address  
**1312 W WASHINGTON STREET  
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/09/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3257649</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for underpayment under § 120.005, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. <b>1312 W. Washington St.</b>	2b. Mailing Address 26. <b>Same</b>
22. <b>[Redacted]</b>	27. <b>[Redacted]</b>
23. <b>Orlando, FL</b>	28. <b>[Redacted]</b>
24. <b>32805</b>	25. <b>ORANGE</b>
29. <b>[Redacted]</b>	30. <b>[Redacted]</b>

9. Name and Address of Current Registered Agent

**JOHNSON, MARION K  
1312 W WASHINGTON STREET  
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81. Name: **N/A**

82. Street Address (P.O. Box Number is Not Applicable): **N/A**

83. **[Redacted]**

84. City: **[Redacted]**

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.060(1) and 607.1208, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>D JOHNSON, MARION K</b>
12.2 STREET ADDRESS	<b>1312 W WASHINGTON STREET</b>
12.3 CITY AND STATE	<b>ORLANDO FL 32805</b>
12.4 NAME	<b>D JOHNSON, JANIE S</b>
12.5 STREET ADDRESS	<b>1312 W WASHINGTON STREET</b>
12.6 CITY AND STATE	<b>ORLANDO FL 32805</b>
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY AND STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY AND STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY AND STATE	
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY AND STATE	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY AND STATE	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY AND STATE	

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and given and qualify for the recognition stated in Sections 119.07(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that any signature shall have the same legal effect as if made by hand. That I am an officer or director of the corporation or the creator or creator's representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an alteration with an address.

SIGNATURE: *Marion K. Johnson* **Marion K Johnson** 4-26-95 (407)422-6173

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000044638 (2)**

1. Corporation Name

**EASTBORNE II CORPORATION**

Principal Place of Business

Mailing Address

5310 NW 33RD AVE  
SUITE 219  
FT LAUDERDALE FL 33309

5310 NW 33RD AVE  
SUITE 219  
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/15/1994**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**APPLIED FOR**

4 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. 192.022, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLLNICK, NEIL S  
133 SEVILLA  
CORAL GABLES FL 33134

81 Name  
**KENNETH T. BARBER**  
82 Street Address (P.O. Box Number, if Not Acceptable)  
**5310 NW 33RD AVENUE**  
83 Suite 219  
84 City  
**FT. LAUDERDALE** FL 85 Zip Code  
**33309**

11. Pursuant to the provisions of Sections 607.050 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 *Kenneth T. Barber*

4/28/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	BARBER, KENNETH T	5310 NW 33RD AVE	FT LAUDERDALE FL 33309
D	SCHWARTZ, JOSEPH	5310 NW 33RD AVE	FT LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
1.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I, the undersigned, 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 and data 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 a 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 attached to this report with an address.

SIGNATURE: *Kenneth T. Barber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 731-0666