SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/4/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

1995

DOCUMENT # **P94000045948 (4)**

SUPERVISION OPTICAL COMPANY

95 JUN 26

501 HORATIO ST
TAMPA FL 33606

501 HORATIO ST.
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 06/20/1994

3a Date of Last Report

4 FEI Number: 59-2239825 — Applied For / Not Applicable

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

6 ☐ — **$5.00** May Be Added to Fees

2 Principal Office
21 2119 W Brandon Blvd
22 Suite L
23 Brandon FL
24 33511 25 11/15

2a Mailing Address
26 2119 W Brandon Blvd
27 Suite L
28 Brandon FL
29 33511 30 11/15

Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIVINGSTON, CLIFTON A
501 HORATIO ST.
TAMPA FL 33606

10 Name and Address of New Registered Agent

81 Name
82 (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 _______ DATE _______

12. OFFICERS AND DIRECTORS	13.
TITLE: D NAME: DOCTOR, MARTIN STREET ADDRESS: 501 HORATIO ST. CITY-ST-ZIP: TAMPA FL 33606	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), 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: [signature] MARTIN S. DOCTOR 6/19/95 813 651-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)

0000782 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # **P94000046181 (1)**

N

GEOGRAPHIC INFORMATION SYSTEMS & SCANNING, INC.

8000 N.W 31ST ST.
SUITE 7
MIAMI FL 33122

8000 N.W. 31ST ST.
SUITE 7
MIAMI FL 33122

3. 06/21/1994

4. 65-058442/

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MANUCY, JOHN H JR
8000 N.W. 31ST STREET
SUITE 7
MIAMI FL 33122

10. Name and Address of New Registered Agent

84. FL

12.

P
MANUCY, JOHN H JR
8000 N.W. 31ST ST. SUITE 7
MIAMI FL 33122
VD
ARMENTEROS, OMAR
8000 N.W. 31ST ST. SUITE 7
MIAMI FL 33122

13.

SIGNATURE: 4/17/95 477-6472 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120073 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

FILED

DOCUMENT # P94000046248 (8)

J.J. HARDWARE SUPPLY, CORP.

15010 SW 91 TER
MIAMI FL 33196

15010 SW 91 TER
MIAMI FL 33196

3. 06/13/1994

4. 65-0500947

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VALLEJO, JULIO
15010 SW 91 TER
MIAMI FL 33196

10. Name and Address of New Registered Agent

84 FL

12.

D
VALLEJO, JULIO
15010 SW 91 TER
MIAMI FL 33196

D
DIAZ, GEORGE
15010 SW 91 TER
MIAMI FL 33196

13.

14.

SIGNATURE: Julio A. Vallejo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/95 (305) 639-9601

0206045 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000046375 (9)

SPECIALTY TRANSMISSIONS, INC.

2033 W MCNAB RD
POMPANO BEACH FL 33069

2033 W MCNAB RD
POMPANO BEACH FL 33069

3. 06/17/1994

4. FEI Number: 65-0504955

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. Is this corporation filing for the first time? Yes: X No:

9. Name and Address of Current Registered Agent

DAVID, JOHN T
408 S ANDREWS AVE, 202
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

84 FL

12. OFFICER AND DIRECTOR

D
CARROLL, RANALD L
2033 W MCNAB RD
POMPANO BEACH FL 33069

D
STRONG, WILFORD
2033 W MCNAB RD
POMPANO BEACH FL 33069

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

14.

SIGNATURE: X W.H. Sheng, V/P W H Sheng, V/P 6/20/95

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

0112061 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

1995

DOCUMENT # P94000046515 (0)

FIRST FLORIDA ACCOUNTING SERVICES, INC.

12416 CAPRI CIRCLE N
TREASURE FL 33706

12416 CAPRI CIRCLE N
TREASURE FL 33706

3. Date Incorporated / Qualified: 06/17/1994

3a. Date of Last Report:

4. FEI Number: 59-3255036

Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Is this entity to be the initial registered agent? Florida Status: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

EYCK, HOWARD X
12416 CAPRI CIRCLE N
TREASURE FL 33706

TEN EYCK, HOWARD

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. Having been named registered agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: Howard Ten Eyck 6/1/95

12. OFFICER AND DIRECTOR DATA

PS/TD
HOWARD TEN EYCK
12416 CAPRI CIRCLE N.
TREASURE ISLAND, FL. 33706

13.

14. [illegible]

SIGNATURE: Howard Ten Eyck HOWARD TEN EYCK 6/1/95 813-360-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0102658 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P94000046536 (6)

N

SIGN ONE INC.

719 EAST 9TH STREET
HIALEAH FL 33010

719 EAST 9TH STREET
HIALEAH FL 33010

3. 3a. 06/20/1994

4. FEI Number 65-0501029

5. $8.75 Additional Fee Required

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

8. Florida Statute: Yes

9. Name and Address of Current Registered Agent

THALMAN, GEORGE A
719 EAST 9TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

84 FL

12. OFFICERS AND DIRECTORS

P.U.S.T GEORGE A. THALMAN
719 E 9th St.
HIALEAH FL 33010

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

SIGNATURE: George A Thalman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95 305-888 6565

0078885 CP

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

1995

DOCUMENT # P94000046799 (0)

1 Corporate Name

A & R PAWN BROKERS, INC.

Principal Place of Business	Mailing Address
~~3593 ARALLA COURT~~ ~~WEST PALM BEACH FL 33406~~	~~3593 ARALLA COURT~~ ~~WEST PALM BEACH FL 33406~~

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 06/20/1994

3a Date of Last Report

2. Principal Place of Business: 21 2101 S MILITARY TR

2a. Mailing Address: 26 Same

Suite, Apt. # etc.: 22 / 27

City & State: 23 W P B FL / 28

Zip: 24 33415 County: 25 P B C. / 29 / 30 Country

4 FEI Number: 65-0513031 ☐ Applied For ☐ Not Applicable

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

6 ☐ **$5.00** May Be Added to Fees

8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10 Name and Address of New Registered Agent
BARBIERI, ANTHONY T 3593 ARALLA COURT WEST PALM BEACH FL 33406	81 Name 82 (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12.	
TITLE	PRESIDENT	TITLE	☐ Change ☐ Addition
NAME	ANTHONY T BARBIERI	NAME	
STREET ADDRESS	3593 ARALIA CT	STREET ADDRESS	
CITY-ST-ZIP	WPB FL 33413	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	☐ Change ☐ Addition
NAME	ROBIN DIMAURO	NAME	
STREET ADDRESS	325 S.E. 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: [signature] ANTHONY BARBIERI 6-13 95 434 9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0002348 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000047296 (6)

1 Corporate Name

GRADUAL REMITTANCE, INC.

Principal Place of Business
5533 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

Mailing Address
5533 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: x 59-3251124 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State, Zip (23) (28)
6. [illegible] ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUES, CARLOS A
5533 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name: RODRIGUES, CARLOS A.
82 Street Address (P.O. Box Number is Not Acceptable): 5850 LAKEHURST DR STE 205
83
84 City: ORLANDO FL 85 Zip Code: 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: x [illegible] DATE

12. OFFICERS AND DIRECTORS	13.	
Title: DP Name: CASTRO, CARLOS A Street Address: 5533 S ORANGE BLOSSOM TRAIL City-State-Zip: ORLANDO FL 32839	Title: DP Name: RODRIGUES, CARLOS A Street Address: 5850 LAKEHURST DR SUITE 205 City-State-Zip: ORLANDO FL 32819	☒ Change ☐ Addition
Title: DV Name: NETTO, MARCELO J Street Address: C/O 5533 S ORANGE BLOSSOM TRAIL City-State-Zip: ORLANDO FL 32839	Title: DV Name: NETTO MARCELO J. Street Address: C/O 5850 LAKEHURST DR SUITE 205 City-State-Zip: ORLANDO FL 32819	☒ Change ☐ Addition
Title: V Name: NETTO, JORGE J Street Address: C/O 5533 S ORANGE BLOSSOM TRAIL City-State-Zip: ORLANDO FL 32839	Title: V Name: NETTO, JORGE J Street Address: C/O 5850 LAKEHURST DR SUITE 205 City-State-Zip: ORLANDO FL 32819	☒ Change ☐ Addition
Title: V Name: JORGE, ROBERTO Street Address: C/O 5533 S ORANGE BLOSSOM TRAIL City-State-Zip: ORLANDO FL 32839	Title: V Name: JORGE ROBERTO Street Address: C/O 5850 LAKEHURST DR SUITE 205 City-State-Zip: ORLANDO FL 32819	☒ Change ☐ Addition
Title: D Name: RODRIGUES, JOSE C Street Address: C/O 5533 S ORANGE BLOSSOM TRAIL City-State-Zip: ORLANDO FL 32839	Title: D Name: RODRIGUES, JOSE C. Street Address: C/O 5850 LAKEHURST DR SUITE 205 City-State-Zip: ORLANDO FL 32819	☒ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition

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(3)(i), 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 above, or on an attachment with an address.

SIGNATURE: x [illegible] 08/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0014620 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 6-23-95 B-7503 C

DOCUMENT # P94000047664 (5)

1. Corporate Name

PEOPLES FOOD STORE, INC.

Principal Place of Business: 2099 N HIGHLAND AVE, CLEARWATER FL 34615

Mailing Address: 2099 N HIGHLAND AVE, CLEARWATER FL 34615

3. Date Incorporated or Qualified: 06/22/1994

4. FEI Number: 59-3249571

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

9. Name and Address of Current Registered Agent

HYMORE, KAHLID
2099 N HIGHLAND AVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

84 City: FL

12. OFFICERS AND DIRECTORS

Title	Name / Address
PTD	HYMORE, KAHLID 6598 WOODLAND BLVD N PINELLAS PARK FL 34665
VSD	HYMORE, SHAWKEY 6598 WOODLAND BLVD N PINELLAS PARK FL 34665

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE: [signature] 6/20/95 441-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0356324 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

N

DOCUMENT # P94000047681 (9)

1. Corporate Name
SCZK REALTY CORPORATION

Principal Place of Business
180 W ROYAL PALM RD
BOCA RATON FL 33432

Mailing Address
180 W ROYAL PALM RD
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 06/27/1994
3a Date of Last Report:

2. Principal Place of Business
21 54 S.W. Boca Raton Blvd.
22 Suite, Apt. # etc:
23 City & State: Boca Raton, FL
24 Zip: 33432
25 Country: US

2a. Mailing Address
26 54 S.W. Boca Raton Blvd.
27 Suite, Apt. # etc:
28 City & State: Boca Raton, FL
29 Zip: 33432
30 Country: US

4 FEI Number: 65-0505364 — Applied For ☐ Not Applicable ☐
5 Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6 ☐ — **$5.00** May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, EDWARD B
180 W ROYAL PALM RD
BOCA RATON FL 33432

10 Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 54 S.W. Boca Raton Blvd.
83
84 City: Boca Raton FL
85 Zip Code: 33432

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	TITLE	D/P ☒ Change ☐ Addition
NAME	COHEN, EDWARD B	NAME	
STREET ADDRESS	180 W ROYAL PALM RD	STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	TITLE	D/VP ☒ Change ☐ Addition
NAME	SCHWARTZ, ALLAN H	NAME	
STREET ADDRESS	180 W ROYAL PALM RD	STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	TITLE	D/S ☒ Change ☐ Addition
NAME	ZAKARIN, RONALD M	NAME	
STREET ADDRESS	180 W ROYAL PALM RD	STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	TITLE	D/T ☒ Change ☐ Addition
NAME	KOTLER, MICHAEL I	NAME	
STREET ADDRESS	180 W ROYAL PALM RD	STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: Edward B. Cohen Pres — 6/21/95 — 407-361-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0067034 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95 $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

1995

DOCUMENT # P94000047902 (9)

LISTCO DATA SERVICES, INC.

1100 CLEVELAND STREET
SUITE 819
CLEARWATER FL 34615

1100 CLEVELAND STREET
SUITE 819
CLEARWATER FL 34615

2
21 1100 Cleveland St
22 1101
23 Clearwater, FL
24 34615 25 USA

2a
26 1100 Clevland St
27 1101
28 Clearwater, FL
29 34615 30 USA

3 06/20/1994 3a NA
4 59-3246449
5 XX **$8.75** Additional Fee Required
6 **$5.00** May Be Added to Fees

9 Name and Address of Current Registered Agent

MEADOWS, TOMMY D JR
1100 CLEVELAND STREET
SUITE 819
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Meadows, Tommy D. Jr
82 1100 Cleveland St
83 Suite 1101
84 Clearwater, FL **FL** 85 34615

11

12

13 D, P X
Tommy D. Meadows Jr
1100 Cleveland St, Ste 1101
Clearwater, FL 34615
T, S X
Teresa M Meadows
1100 Cleveland St, Ste 1101
Clearwater, FL 34615

14

CR2E034 (3/95)

SIGNATURE: [signature] 6-10-95 813 446-7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0112681 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000048463 (1)

N

1. Corporation Name

DON H. LESTER, P.A.

Principal Place of Business | Mailing Address

~~24 N MARKET ST~~
~~SUITE 305~~
JACKSONVILLE FL 32202

~~24 N MARKET ST~~
~~SUITE 305~~
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994 | 3a. Date of Last Report

2. Principal Office Address: 218 East Ashley St.

2a. Mailing Address: 218 East Ashley St.

4. FEI Number: 59-3262488 | Applied For | Not Applicable

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

6. ☐ $5.00 May Be Added to Fees

8. This corporation has qualified for exemption ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LESTER, DON H ESQ
~~24 N MARKET ST~~
~~SUITE 305~~
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 218 East Ashley Street
City: FL | Zip Code

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE: Don H. Lester [signature] 6/20/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LESTER, DON H
STREET ADDRESS	~~24 N MARKET ST SUITE 305~~
CITY-ST-ZIP	JACKSONVILLE FL 32202

13. ☒ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	218 East Ashley Street
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing ... and that my signature shall have the same legal effect as if made under oath ... Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Don H. Lester, Pres. 6/20/95 (904)356-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0002771 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FILED
DEPARTMENT OF STATE

DOCUMENT # **P94000048637 (0)**

1. Corporate Name

WILSON PLUMBING, INC.

Principal Address

2050 W. 56TH ST.
#1, 2, & 3
HIALEAH FL 33016

Mailing Address

2050 W. 56TH ST.
#1, 2, & 3
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 06/29/1994

3a Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

State And Zip Code
22

State And Zip Code
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: ☒ Applied For ☐ Not Applicable

5 Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6 ☐ **$5.00** May Be Added to Fees

8 This corporation was initially subject to taxation under s. 220.03(1), Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TAULE, ALFREDO
2050 W. 56TH ST.
#1, 2, & 3
HIALEAH FL 33016

10 Name and Address of New Registered Agent

81 Name

82 Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0505, 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. The 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 of New Registered Agent, if changing — Date

12. OFFICER AND/OR DIRECTOR

D
TAULE, ALFREDO
2050 W. 56TH ST., #1, 2, & 3
HIALEAH FL 33016

13

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the applicable provisions of Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are based upon gross income for the previous calendar year. I am aware that false information submitted in this report may subject me to criminal sanctions.

SIGNATURE: Alfredo Taule / ALFREDO TAULE, PRESIDENT 6-16-95 305 658-3350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0021440 CP

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

FILED

DOCUMENT # **P94000048809 (5)**

BON-BONE MEDICAL IMAGING (SARASOTA), INC.

2620 S. TAMIAMI TRAIL
SARASOTA FL 34239

2620 S. TAMIAMI TRAIL
SARASOTA FL 34239

3. Date Incorporated / Qualified: 06/27/1994

3a. Date of Last Report:

4. FEI Number: 65-0506870

Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. Is this corporation subject to the provisions of the Florida Limited Liability Company Act?

9. Name and Address of Current Registered Agent

HAIMBERG, JOSEPH
1495 FOREST HILL BLVD.
SUITE C
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City FL 85 Zip Code

11 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

12 OFFICER AND DIRECTOR

PRESIDENT
JOSEPH HAIMBERG
2620 S. TAMIAMI TR.
SARASOTA, FL 34239
V/PRESIDENT
TAMAR DREIFUSS
2620 S. TAMIAMI TR.
SARASOTA, FL 34239

13.

14 To the best of my knowledge, the information contained herein is true and accurate and I am authorized to sign this report. A false report is a violation of Florida law.

SIGNATURE: Joseph Haimberg 6-13-95 (401) 965-6360

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0110945 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FILED

DOCUMENT # P94000049460 (6)

1. Entity Name

MEDICAL AND D.M.E. CORP.

Principal Place of Business

5928 WEST 20TH AVENUE
HIALEAH FL 33016

Mailing Address

5928 WEST 20TH AVENUE
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994

3a. Date of Last Report:

2. Principal Place of Business
21 2050 W 56 ST

2a. Mailing Address
26 SAME

Suite, Apt. # or Bldg.
22 #8

Suite, Apt. # or Bldg.
27

City & State
23 HIALEAH, FL

City & State
28

24 33016 25 USA 29 30

4. FEI Number: 65-0500490 — Applied For / Not Applicable

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

6. ☐ — $5.00 May Be Added to Fees

8. This corporation has elected to be governed by the provisions of Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIAZ, ELENA
~~5928 WEST 20TH AVENUE~~
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent

81 Name

82 Address (P.O. Box Number is Not Acceptable): 2050 W. 56 St. #8

83

84 City: HIALEAH FL 85 Zip Code: 33016

11. Pursuant to the provisions of Section 607.1008, 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. The corporation has authorized the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position as registered agent under Florida Statutes.

Signature of New Registered Agent (if changing) 6/19/95 Date

12. OFFICER AND/OR DIRECTOR

DIRECTOR
DIAZ, ELENA
10214 NW 12 St.
HIALEAH GDNS, FL 33016

13. ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.1008, Florida Statutes. I further certify that the corporation has complied with the applicable requirements of Section 607.0501, Florida Statutes. I further certify that I am familiar with and authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELENA DIAZ DIRECTOR 6/19/95 (305) 825-7791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0021870 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000049694 (0)

1. Entity Name

KOOTER BROWN'S BAR & GRILL, INC.

N

Principal Address:

309 N 10TH AVE
JACKSONVILLE FL 32250

Mailing Address:

309 N 10TH AVE
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3250976 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

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

City & State
23

City & State
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6. ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. The corporation may apply for multiple tax credits under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'NEILL, KAREN B
1009 21ST ST N
JACKSONVILLE BEACH FL 32250

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 Section 607.0505, 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

DATE

12. OFFICER AND DIRECTORS

D
YOUNG, CHARLES H
404 WHITING LN
ATLANTIC BEACH FL 32233

13.

☐ Change ☐ Add/Delete

14. I hereby certify that the information supplied with this report is true, accurate and complete. I also understand that the information contained in this report may be subject to public inspection. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: C H Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.H. Young President

6/21/95

904-241-9884

CR2E034 (3/95)

0003032 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P94000050056 (8)

COMPLIANCE INTERVIEWS OF AMERICA, INC.

2593 N.E. 15TH STREET
POMPANO BEACH FL 33062

2593 N.E. 15TH STREET
POMPANO BEACH FL 33062

3. 07/01/1994

4. 65-0498614

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUNN, KENNETH J ESQ.
2300 E. LAS OLAS BLVD.
FOURTH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

FL

12.

13.

P
WILLIAM L. BROWNELL
2593 N.E. 15TH STREET
POMPANO BEACH, FL 33062

14.

SIGNATURE: William L Brownell WILLIAM L BROWNELL 305-783-7114

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

0104885 CP

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)

1995

DOCUMENT # P94000050253 (1)

WENDBEACH CORP.

27 CENTRAL AVE.
CORTLAND NY 13045

27 CENTRAL AVE.
CORTLAND NY 13045

3. 07/07/1994

4. 59-325 3404

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

84 FL

12.

13.

PRESIDENT
DANNY STRICKLAND
106 DERBYWOOD DRIVE
LYNN HAVEN, FL 32444

Secretary
LEWIS E TOPPER
161-18 TUDOR ROAD
JAMAICA NY 11432

VP TREAS
JEFFREY J LOGHLAN
27 MAPLEWOOD DR
BINGHAMTON NY 13901

VP
LEONARD WEISS
8 PINE DRIVE
GREAT NECK NY 11022

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS E TOPPER, SECRETARY

6-22-95 718 229 1113

CR2E034 (3/95)

0178001 FN

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)

ANNUAL REPORT

1995

DOCUMENT # **P94000050369 (5)**

N

STABILIZED LEARNING, INC.

7457 E. ALOMA AVE., SUITE 301
WINTER PARK FL

POST OFFICE BOX 1393
GOLDENROD FL 32733-1393

3. 07/07/1994

4. 59-3254897

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

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9. Name and Address of Current Registered Agent

ROBERTSON, DAVID F
1305 FERN FOREST RUN
OVIEDO FL 32765

10. Name and Address of New Registered Agent

84 FL

11.

12.

PTD
ROBERTSON, DAVID F
1305 FERN FOREST RUN
OVIEDO FL 32765
VSD
MORALES, JOSEPH D
3904 VALENCIA GROVE LANE
ORLANDO FL 32817

13.

14.

SIGNATURE: Joseph D. Morales Pres. - CEO 6-20-95 678-1377

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

CR2E034 (3/95)

0132103 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000050450 (3)**

1. Corporate Name:

P.A. CARIGNAN INTERNATIONAL INC.

Principal Place of Business:
280 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address:
280 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt. # or rte. — 22:
Suite Apt. # or rte. — 27:
City & State — 23:
City & State — 28:
ZIP — 24:
County — 25:
ZIP — 29:
Country — 30:

4. FEI Number: **65-0521472** ☐ Applied For ☐ Not Applicable

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

6. ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARIGNAN, PIERRE-ANDRE
280 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

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 Section 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(S)

12. OFFICERS AND DIRECTORS

		13.	
Title	D		☐ Change ☐ Addition
Name	CARIGNAN, PIERRE-ANDRE	1. Name	
Street Address	280 S.W. 12TH AVENUE	1. Street Address	
City-St-Zip	DEERFIELD BEACH FL 33442	1. City-St-Zip	
Title		2. Title	☐ Change ☐ Addition
Name		2. Name	
Street Address		2. Street Address	
City-St-Zip		2. City-St-Zip	
Title		3. Title	☐ Change ☐ Addition
Name		3. Name	
Street Address		3. Street Address	
City-St-Zip		3. City-St-Zip	
Title		4. Title	☐ Change ☐ Addition
Name		4. Name	
Street Address		4. Street Address	
City-St-Zip		4. City-St-Zip	
Title		5. Title	☐ Change ☐ Addition
Name		5. Name	
Street Address		5. Street Address	
City-St-Zip		5. City-St-Zip	
Title		6. Title	☐ Change ☐ Addition
Name		6. Name	
Street Address		6. Street Address	
City-St-Zip		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(3)(i), 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 1 or Block 11 above, if applicable, or on any attachment with an address.

SIGNATURE: PIERRE-ANDRE CARIGNAN 95/06/19 (305)698-6980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0000705 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

DOCUMENT # **P94000050733 (2)**

K.F. BUILDERS, INC.

949 S.E. LANSDOWNE AVE.
PORT ST. LUCIE FL 34983

949 S.E. LANSDOWNE AVE
PORT ST. LUCIE FL 34983

3. 07/05/1994

3a. N/A

4. 65-0514361

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FOLEY, KEVIN C
949 S.E. LANSDOWNE AVE.
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

84 FL

12.
D
FOLEY, KEVIN C
949 S.E. LANSDOWNE AVE.
PORT ST. LUCIE FL 34983

13.

SIGNATURE: Kevin Foley Kevin Foley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 (407) 878-5728

0110770 CP

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000051180 (5)

1. Corporation Name
MINA OF FOREST CITY, INC.

Principal Place of Business
6801 FOREST CITY RD
ORLANDO FL 32810

Mailing Address
6801 FOREST CITY RD
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

4. FEI Number: 59-3277353 ☐ Applied For ☐ Not Applicable

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

6. ☐ $5.00 May Be Added to Fees

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CLEMENT, G. EDWARD
308 E. FIFTH AVE.
MOUNT DORA FL 32757

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MANSOUR, GEORGE	1.2 NAME	
STREET ADDRESS	6801 FOREST CITY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP/D ☐ Change ☒ Addition
NAME		2.2 NAME	GOWNI, KAMIL
STREET ADDRESS		2.3 STREET ADDRESS	1348 VALLEY PINES CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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(1)(i), 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: KAMIL GOWNI 6-19-95 407 296-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015380 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/15/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

1995

DOCUMENT # P94000051420 (5)

N

OCTOPUS MARINE SERVICES, INC.

19655 RIVERSIDE DRIVE
TEQUESTA FL 33469

19655 RIVERSIDE DRIVE
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 07/07/1994 | 3a Date of Last Report:

4 FEI Number: 65-0513729 ☐ Applied For ☐ Not Applicable

5 Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6 ☐ **$5.00** May Be Added to Fees

8 This corporation has initially filed under § 120.022, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCDONALD, MARSHALL III
224 DATURA STREET
SUITE 611
WEST PALM BEACH FL 33401

10 Name and Address of New Registered Agent

81 Name: JON P NEWMAN
82 Address (P.O. Box Number is Not Acceptable): 19655 RIVERSIDE DRIVE
83
84 City: TEQUESTA FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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: JON P NEWMAN Jon P Newman (Registered Agent and/or Registered Officer required) 6/15/95 Date

12. OFFICERS AND DIRECTORS

PRESIDENT
JON P NEWMAN
19655 RIVERSIDE DRIVE
TEQUESTA, FL 33469

VICE PRESIDENT
JON M NEWMAN
19655 RIVERSIDE DRIVE
TEQUESTA, FL 33469

13

Chief Executive Officer ☐ Change ☑ Addition
JON P NEWMAN
19655 RIVERSIDE DRIVE
TEQUESTA, FL 33469

PRESIDENT ☑ Change ☐ Addition
JON M. NEWMAN
19655 RIVERSIDE DRIVE
TEQUESTA, FL 33469

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (3/95)

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(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 above, or on an attachment with an asterisk.

SIGNATURE: Jon P Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95 Date 407-747-2500 Daytime Phone Number

0006037 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000051843 (8)

1. Corporation Name

CLASSIQUE HOMES, INC.

Principal Place of Business: 1000 S. FEDERAL HIGHWAY, BOYNTON BEACH FL 33435

Mailing Address: 1000 S. FEDERAL HIGHWAY, BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1994
3a. Date of Last Report:

4. FEI Number: 65-0542797 ☐ Applied For ☐ Not Applicable

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

6. ☐ $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 — Suite, Apt. #, etc.; City & State: SAME

2a. Mailing Address — Suite, Apt. #, etc.; City & State: SAME

Zip / Country

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

Name: ROBERT A. CARNAVIL
Street Address (P.O. Box Number is Not Acceptable): 1000 S. FEDERAL HWY
City: BOYNTON BCH FL Zip Code: 33435

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] DATE 6-20-95

12. OFFICERS AND DIRECTORS

TITLE	D SECRETARY - TREASURER
NAME	LAVIGNE, VAUGHN
STREET ADDRESS	1000 S. FEDERAL HWY
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	PRESIDENT
NAME	ROBERT A. CARNAVIL
STREET ADDRESS	1000 S. FED. HWY
CITY-ST-ZIP	BOYNTON BCH, FLA 33435

13. (Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition — blank)

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)(i), 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: [signature] ROBERT A. CARNAVIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-20-95 Daytime Phone: (407) 796-2116

CR2E034 (3/95)

0004022 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000052109 (3)

1. Corporate Name

D.J.'S COIN LAUNDRY AND DRY CLEANERS, INC.

Principal Place of Business	Mailing Address
222 IMPERIAL LN LAUDERDALE BY THE SEA FL 33308	222 IMPERIAL LN LAUDERDALE BY THE SEA FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994

3a. Date of Last Report

4. FEI Number: 65-0327501 — 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. Florida Statutes. [ ] Yes [ ] No

2. Principal Office Address (21–25) | 2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

SZCZESNIAK, WANDA
222 IMPERIAL LN
LAUDERDALE BY THE SEA FL 33308

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.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	
	D
NAME	SZCZESNIAK, WANDA
STREET ADDRESS	222 IMPERIAL LN
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308
	D
NAME	SZCZESNIAK, ROBERT
STREET ADDRESS	222 IMPERIAL LN
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14.

SIGNATURE: Wanda E. Szczesniak — 5-10-95 — 772-7363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0218239 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED

DOCUMENT # P94000052717 (3)

1. Corporate Name
TREASURY MANAGEMENT CONSULTING, INC.

Principal Place of Business	Mailing Address
7470 S.W. 73 TERRACE MIAMI FL 33143	7470 S.W. 73 TERRACE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:
4. FEI Number: 65-Ø513282 ☐ 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
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29 Country: 25 / 30

9. **Name and Address of Current Registered Agent**

JOSEPH, JAMES R
7470 S.W. 73 TERRACE
MIAMI FL 33143

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOSEPH, JAMES R
STREET ADDRESS	7470 S.W. 73 TERRACE
CITY-ST-ZIP	MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ 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(3)(i), Florida Statutes. I further certify that the information indicated on the 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: James R. Joseph — 3/31/95 (305) 284-6785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

0420737 FP