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35 JUL 1965

501 MOERATTO ST
TAMPA FL 33606

501 MORRIS ST.
TAMPA FL 33606

Example 1: $\mathbb{R}^2$ with the Euclidean Metric

2 Date of Application		3 Date of Expiration or Renewal		4 Date of Last Report	
21 2119 W BRANDON Blvd		22 Suite L		23 BRANDON FL	
24 33511		25 11/11s		26 33511	
27 11/11s		28 33511		29 11/11s	
30 11/11s		31 11/11s		32 11/11s	
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207 11/11s		208 11/11s		209 11/11s	
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213 11/11s		214 1			

LIVINGSTON, CLIFTON A
501 HORATIO ST.
TAMPA FL 33606

01	Name		
02	(P.O. Box Number is Not Acceptable)		
03			
04	City	FL	05 Zip Code

[illegible][illegible]

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

MARTIN S. DOCTOR

6/19/95 813
651-0600

0000702 CP

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE

1995



FLORIDA DEPARTMENT OF REVENUE
1900 N.W. 11TH AVENUE
MIAMI, FL 33136

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. License Expires	3a. License Fee
06/21/1994	
4. License Number	Agent Fee
05-0584421	By Agent Fee
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Excess of License Fees (May Be Added to Fees)	\$5.00 May Be Added to Fees
8. This corporation, partnership, or other entity has not been organized in Florida	

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

81. Name	85. State
82. Street Address	FL
83. City	
84. Zip	

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.

14. Name	15. State
16. Street Address	17. City
18. Zip	19. State
20. Name	21. State
22. Street Address	23. City
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624. Zip	625. State
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918. Zip	919. State
920. Name	921. State
922. Street Address	923. City
924. Zip	925. State
926. Name	927. State
928. Street Address	929. City
930. Zip	931. State
932. Name	933. State
934. Street Address	935. City
936. Zip	937. State
938. Name	939. State
940.	

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
JUN 13 1995

DOCUMENT # P94000046248 (8)

J.J. HARDWARE SUPPLY, CORP.

1. Principal Office Address 15010 SW 91 TER MIAMI FL 33196		2a. Mailing Address 15010 SW 91 TER MIAMI FL 33196		3. Date of Appointment 06/13/1994		3a. Date of Appointment 06/13/1994	
21. State of Florida		26. State of Florida		4. Filing Number 65-0500947		4a. Filing Number 65-0500947	
22. State of Florida		27. State of Florida		5. Certificate Number Desired \$8.75 Additional Fee Required		5a. Certificate Number Desired \$8.75 Additional Fee Required	
23. State of Florida		28. State of Florida		6. Tax Status and type of business \$5.00 May Be Added to Fees		6a. Tax Status and type of business \$5.00 May Be Added to Fees	
24. State of Florida		29. State of Florida		8. This corporation is authorized to accept the appointment of a registered agent Yes ☒ No ☐		8a. This corporation is authorized to accept the appointment of a registered agent Yes ☒ No ☐	
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 B1. Name B2. Street Address, P.O. Box, or Mailing Address B3. City B4. State FL B5. Zip			
11. I, the undersigned, do hereby certify that the information furnished in this statement is true and correct for the purposes of filing this report. I am a duly authorized officer or director of the corporation, and I am the registered agent of the corporation.							
12. Name and Address of Agent D VALLEJO, JULIO 15010 SW 91 TER MIAMI FL 33196 D DIAZ, GEORGE 15010 SW 91 TER MIAMI FL 33196							
13. Name and Address of Agent Name Street Address City State Zip							

SIGNATURE:

Julio Vallejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/95 (305) 639-9601

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
3000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001
TEL. (904) 498-0001 FAX (904) 498-0002

DOCUMENT # P94000046375 (9)

SPECIALTY TRANSMISSIONS, INC.

2033 W MCNAB RD
POMPANO BEACH FL 33069

2033 W MCNAB RD
POMPANO BEACH FL 33069

3. Filing Date: 06/17/1994
3a. Filing Agent Report

4. Filing Number: 65-0504955
5. Filing Fee: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation is a subsidiary of a corporation registered in Florida: ☒ Yes ☐ No

2. Filing Agent Report: 21. Filing Agent Report: 22. Filing Agent Report: 23. Filing Agent Report: 24. Filing Agent Report: 25. Filing Agent Report: 26. Filing Agent Report: 27. Filing Agent Report: 28. Filing Agent Report: 29. Filing Agent Report: 30. Filing Agent Report

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

81. Name: 82. Street Address: 83. City: 84. State: 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 I am a resident of the State of Florida, and that I am the registered agent of the corporation named herein.

12. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am the registered agent of the corporation named herein.

13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, AND SHAREHOLDERS:
14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am the registered agent of the corporation named herein.

SIGNATURE: W H Sherry, V/P 6/20/95 305 910 1234

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 # P94000046515 (0)

FIRST FLORIDA ACCOUNTING SERVICES, INC.

12416 CAPRI CIRCLE N
TREASURE FL 33706

12416 CAPRI CIRCLE N
TREASURE FL 33706

3. Under the jurisdiction of (State)	3a. Date of last report
06/17/1994	
4. FIC Number	Applicable Not Applicable
59-3255036	
5. Certificate of Status Exempt	\$8.75 Additional Fee Required
6. Exempt from FIC Reporting	\$5.00 May Be Added to Fees
7. Exempt from FIC Reporting	
8. FIC Reporting	
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EWCK, HOWARD K TEN EWCK, HOWARD 12416 CAPRI CIRCLE N TREASURE FL 33706	81. Name 82. FIC Number 83. FIC Number 84. FIC Number 85. FIC Number

11. I, the undersigned, being a duly qualified and licensed Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this statement of fact. The change was authorized by the corporation's board of directors, and the appointment of registered agent, I am hereby authorized to sign this statement of fact. Florida Statutes.

SIGNATURE: *Howard Ten Eyck* DATE: *6/18/95*

12. OFFICER, AND DIRECTOR	13. OFFICER, AND DIRECTOR
PS/TD HOWARD TEN EWCK 12416 CAPRI CIRCLE N. TREASURE ISLAND, FL. 33706	14. FIC Number 15. FIC Number 16. FIC Number 17. FIC Number 18. FIC Number 19. FIC Number 20. FIC Number 21. FIC Number 22. FIC Number 23. FIC Number 24. FIC Number 25. FIC Number 26. FIC Number 27. FIC Number 28. FIC Number 29. FIC Number 30. FIC Number 31. FIC Number 32. FIC Number 33. FIC Number 34. FIC Number 35. FIC Number 36. FIC Number 37. FIC Number 38. FIC Number 39. FIC Number 40. FIC Number 41. FIC Number 42. FIC Number 43. FIC Number 44. FIC Number 45. FIC Number 46. FIC Number 47. FIC Number 48. FIC Number 49. FIC Number 50. FIC Number 51. FIC Number 52. FIC Number 53. FIC Number 54. FIC Number 55. FIC Number 56. FIC Number 57. FIC Number 58. FIC Number 59. FIC Number 60. FIC Number 61. FIC Number 62. FIC Number 63. FIC Number 64. FIC Number 65. FIC Number 66. FIC Number 67. FIC Number 68. FIC Number 69. FIC Number 70. FIC Number 71. FIC Number 72. FIC Number 73. FIC Number 74. FIC Number 75. FIC Number 76. FIC Number 77. FIC Number 78. FIC Number 79. FIC Number 80. FIC Number 81. FIC Number 82. FIC Number 83. FIC Number 84. FIC Number 85. FIC Number 86. FIC Number 87. FIC Number 88. FIC Number 89. FIC Number 90. FIC Number 91. FIC Number 92. FIC Number 93. FIC Number 94. FIC Number 95. FIC Number 96. FIC Number 97. FIC Number 98. FIC Number 99. FIC Number 100. FIC Number

14. I, the undersigned, being a duly qualified and licensed Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this statement of fact. The change was authorized by the corporation's board of directors, and the appointment of registered agent, I am hereby authorized to sign this statement of fact. Florida Statutes.

SIGNATURE: *Howard Ten Eyck* DATE: *6/18/95* 813-360-7820

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/93 \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)



1995

DOCUMENT # P94000046799 (0)

A & R PAWN BROKERS, INC.

3503 ARALLA COURT
WEST PALM BEACH FL 33406

3503 ARALLA COURT
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Date of Last Report		3a. Date of Last Report	
06/20/1994		06/20/1994	
4. FET Number		Applied For	
65-0513031		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. 190.01, Florida Statutes		☐ Yes ☐ No	
21. 2101 S MILITARY RD	22. 22	23. WPB FL	24. 33415
25. PB C	26. Same	27. 27	28. 28
29. 29	30. 30	31. 31	32. 32

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. (If Box Number is Not Acceptable)	
		83. 83	
		84. City	
		FL 85. Zip Code	

11. Pursuant to the provisions of Sections 190.01, 190.02, and 190.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in compliance with the provisions of 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 certain with and accept the change of the above information in accordance with the provisions of the Florida Statutes.

12. (If Change of Registered Agent is Being Made, Complete This Section)

12. PRESIDENT ANTHONY T BARBIERI 3593 ARALLA CT WPB FL 33415	13. ☐ Change ☐ Addition
SECRETARY ROBIN DIMARCO 320 S.E. 2ND AVE. DEERFIELD BEACH FL 33441	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
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	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in (see Sec. 190.01(2)(b)) Florida Statutes. I further certify that the information is based on the best of my knowledge and belief and 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 the corporation or the person authorized to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on the list of officers, directors, or persons authorized to execute this report as required by Chapter 190, Florida Statutes.

SIGNATURE:

Anthony T. Barbieri
ANTHONY BARBIERI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13 95

434 9931

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
Sandra B. Mathum
Secretary of State
Division of Corporations

DOCUMENT # P94000047296 (6)

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)							
1. Date of Incorporation or Qualification 06/24/1994		3a. Date of Last Report		4. Date of Last Report							
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-325124							
3. Suite Apt # etc.		3b. Suite Apt # etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
4. City & State		4. City & State		6. ☐ \$5.00 May Be Added to Fees							
5. Zip		5. Zip		8. This corporation has liability for intangible tax under s. 194.032, 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">81. Name RODRIGUES, CARLOS A.</td> <td style="width:50%; padding: 5px;">85. Zip Code 32819</td> </tr> <tr> <td style="padding: 5px;">82. Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DR STE 205</td> <td style="padding: 5px;">84. City ORLANDO</td> </tr> <tr> <td style="padding: 5px;">83. State</td> <td style="padding: 5px;">84. State FL</td> </tr> </table>						81. Name RODRIGUES, CARLOS A.	85. Zip Code 32819	82. Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DR STE 205	84. City ORLANDO	83. State	84. State FL
81. Name RODRIGUES, CARLOS A.	85. Zip Code 32819										
82. Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DR STE 205	84. City ORLANDO										
83. State	84. State FL										
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 Chapter 607, Florida Statutes.											
SIGNATURE Date											
12. OFFICERS AND DIRECTORS											
NAME	DP CASTRO, CARLOS A 5533 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839	NAME	DP RODRIGUES, CARLOS A 5850 LAKEHURST DR SUITE 205 ORLANDO - FL 32819	☒ Change ☐ Addition							
NAME	DV NETTO, MARCELO J C/O 5533 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839	NAME	DV NETTO MARCELO J. 5850 LAKEHURST DR SUITE 205 ORLANDO - FL 32819	☒ Change ☐ Addition							
NAME	V NETTO, JORGE J C/O 5533 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839	NAME	V NETTO, JORGE J C/O 5850 LAKEHURST DR SUITE 205 ORLANDO - FL 32819	☒ Change ☐ Addition							
NAME	V JORGE, ROBERTO C/O 5533 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839	NAME	V JORGE ROBERTO C/O 5850 LAKEHURST DR SUITE 205 ORLANDO - FL 32819	☒ Change ☐ Addition							
NAME	D RODRIGUES, JOSE C C/O 5533 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839	NAME	D RODRIGUES, JOSE C. C/O 5850 LAKEHURST DR SUITE 205 ORLANDO - FL 32819	☒ Change ☐ Addition							
NAME		NAME		☐ 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(1)(a), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report as 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 liquidator of the corporation to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or change of name, and that I am an officer or director of the corporation.											
SIGNATURE: Date 06/11/95											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											

CR2E094 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95 \$275 (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

21 1100 Cleveland St
22 1101
23 Clearwater, FL
24 34615
25 USA
26 1100 Cleveland St
27 1101
28 Clearwater, FL
29 34615
30 USA

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

3 06/20/1994
4 59-3246449
5 XX
6 \$8.75 Additional Fee Required
7 \$5.00 May Be Added to Fees
8
9
10 Name and Address of New Registered Agent

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

12
13 D, P
Tommy D. Meadows Jr
1100 Cleveland St, Ste 1101
Clearwater, FL 34615
T, S
Teresa M Meadows
1100 Cleveland St, Ste 1101
Clearwater, FL 34615

SIGNATURE:

Tommy D. Meadows Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-101-95 813 446-7545

[illegible]

1995

DOCUMENT # **P94000048463** (1)

DON H. LESTER, P.A.

24 N MARKET ST
SUITE 305
JACKSONVILLE FL 32202

~~24 N MARKET ST~~
~~SUITE 306~~
JACKSONVILLE FL 32202

$$\{u_1, \dots, u_n\} \in \mathcal{M}(x_0) \text{ if } u_i \in \mathcal{M}(x_0) \text{ for } i=1, \dots, n.$$

3. Complete and signed by: <u>Quinn</u>	On: <u>06/29/1994</u>
---	-----------------------

4. F1: F1000000	Aggregates
59-3162488	First Aggregates

5. Certificate of Status: General ☐ \$8.75 Additional Fee Required

6. ☐ **\$5.00** May Be Added to Fees

Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10 Name and Address of New Registered Agent

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

81	Name:	
82	Home Address: (If O, Box Number is Not Acceptable)	
83		
84	City:	
85	Zip Code:	

11. I, the undersigned, being a director or officer of the corporation, do hereby certify that the foregoing is a true and correct copy of the resolution of the board of directors of the corporation as the same appears from the records of the corporation.

Don H. Lester Don H. Lester 6/20/75

12.	CHANGES AND COMMENTS	13.	
NAME	D	NAME	
DATE	LESTER, DON H	DATE	
TIME	24 N MARKET ST - SUITE 305	TIME	215 East Ashley Street
LOCATION	JACKSONVILLE FL 32202	LOCATION	
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14. The Agency would find that the aircraft is equipped with the proper scheduled, emergency and other fuel gauges for the engine described as follows in this take: Honda Machine, 100 cc. engine, that the indicated fuel gauges for the engine are not representative of actual fuel in the tank and that the engine fuel gauges are of the type used on other aircraft and are not representative of the engine or engine components in use on the aircraft as equipped by a Jagantha 200 Honda Machine, and that the engine gauges are of the type used on other aircraft and are not representative of the engine or engine components in use on the aircraft as equipped by a Jagantha 200 Honda Machine, and that the engine gauges are of the type used on other aircraft and are not representative of the engine or engine components in use on the aircraft as equipped by a Jagantha 200 Honda Machine.

SIGNATURE:

Don H. Lester Pres

6/10/93 (704) 356-5650

0002771 C6

CH2F034 13/09/51

**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

Corporation Department

Law & Policy Division

1900 Bay Street, Suite 1000, Tallahassee, FL 32301

DOCUMENT # P94000048637 (0)

For Corporation Use Only

WILSON PLUMBING, INC.

1. Principal Office (City & State)

2. Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

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

4. FET Number ☒ Applied For
Not Applicable

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

6. ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for information under 1995-2000 Florida Statutes: ☒ Yes ☐ No

2. Principal Office (City & State)

2a. Mailing Address

3. Date of Report

3a. Date of Report

4. City & State

4a. City & State

5. City

5a. State

6. City

6a. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

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

83.

84. City

FL

85. Zip Code

11. I, the undersigned, president, officer, director, shareholder, and agent of the corporation, hereby certify that 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 the Florida 1995 Florida Statutes.

SIGNATURE

(Signature of President, Officer, Director, Shareholder, and Agent of the Corporation)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13.

1. NAME	D TAULE, ALFREDO
2. STREET ADDRESS	2050 W. 56TH ST., #1, 2, & 3
3. CITY	HIALEAH FL 33016
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
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13. NAME	
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
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4. NAME		☐ Change ☐ Addition
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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 furnished and does not qualify for the exemption stated in (see below 1995(2)(b)). I further certify that the information included on this annual report is supplemented, amended, or corrected as true and accurate and that my signature shall have the same legal effect as if made under oath. That the undersigned is an officer or director of the corporation or the registered agent or shareholder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 13 of the attached form as an officer or shareholder.

SIGNATURE:

Alfredo Taule / **ALFREDO TAULE, President 6-15-95**

305 658-3350

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(TYPE OR PRINT NAME)

CR2E034 (3/95)

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

PROFIT
CORPORATION
ANNUAL REPORT
1995



DOCUMENT # **P94000048809 (5)**

BON-BONE MEDICAL IMAGING (SARASOTA), INC.

2620 S. TAMiami TRAIL SARASOTA FL 34239		2620 S. TAMiami TRAIL SARASOTA FL 34239		Date of Birth (or Date of Death) Date of Last Report Date of Last Report Date of Last Report	
2	2a	2b	2c	3	3a
21	21a	21b	21c	4	4a
22	22a	22b	22c	5	5a
23	23a	23b	23c	6	6a
24	24a	24b	24c	7	7a
25	25a	25b	25c	8	8a
26	26a	26b	26c	9	9a
27	27a	27b	27c	10	10a
28	28a	28b	28c	11	11a
29	29a	29b	29c	12	12a
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36	36a	36b	36c	19	19a
37	37a	37b	37c	20	20a
38	38a	38b	38c	21	21a
39	39a	39b	39c	22	22a
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43	43a	43b	43c	26	26a
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62	62a	62b	62c	45	45a
63	63a	63b	63c	46	46a
64	64a	64b	64c	47	47a
65	65a	65b	65c	48	48a
66	66a	66b	66c	49	49a
67	67a	67b	67c	50	50a
68	68a	68b	68c	51	51a
69	69a	69b	69c	52	52a
70	70a	70b	70c	53	53a
71	71a	71b	71c	54	54a
72	72a	72b	72c	55	55a
73	73a	73b	73c	56	56a
74	74a	74b	74c	57	57a
75	75a	75b	75c	58	58a
76	76a	76b	76c	59	59a
77	77a	77b	77c	60	60a
78	78a	78b	78c	61	61a
79	79a	79b	79c	62	62a
80	80a	80b	80c	63	63a
81	81a	81b	81c	64	64a
82	82a	82b	82c	65	65a
83	83a	83b	83c	66	66a
84	84a	84b	84c	67	67a
85	85a	85b	85c	68	68a
86	86a	86b	86c	69	69a
87	87a	87b	87c		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAIMBERG, JOSEPH 1495 FOREST HILL BLVD. SUITE C WEST PALM BEACH FL 33406		81	Name
		82	Address
		83	
		84	City
		85	State

[illegible]
$$\left\{ \begin{array}{l} \text{if } i = j_1, j_2, \dots, j_k, \text{ then } \alpha_i = \beta_{j_1} \beta_{j_2} \cdots \beta_{j_k} \\ \text{if } i = j_1, j_2, \dots, j_k, \text{ then } \alpha_i = \beta_{j_1} \beta_{j_2} \cdots \beta_{j_k} \end{array} \right.$$

12	13
PRESIDENT	
JOSEPH HAIMBEK	
2620 S. TAMiami TR.	
SARASOTA, FL 34239	
V/PRESIDENT	
TAMAR DREIFUSS	
2620 S. TAMiami TR.	
SARASOTA, FL 34239	

14. I, _____, certify that the information supplied in this report, including financial statements and schedules, is true and correct, and that the information is true and correct in all material aspects. I understand that this statement is a representation of the truth and that I am responsible for its accuracy. I understand that this statement is a representation of the truth and that I am responsible for its accuracy. I understand that this statement is a representation of the truth and that I am responsible for its accuracy.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-13-75

(401) 968-6360

BIBLIOGRAPHY 69

0021570 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

FEDERAL ESTATE TAXATION
 10th Edition
 1998
 10th Edition
 1998

DOCUMENT # P94000049694 (0)

KOOTER BROWN'S BAR & GRILL, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Registrant		Mailing Address		DO NOT WRITE IN THIS SPACE	
309 N 10TH AVE JACKSONVILLE FL 32250		309 N 10TH AVE JACKSONVILLE FL 32250		3 Date Incorporated or Qualified 06/29/1994	3a Date of Last Report
2 Principal Place of Business	2a Mailing Address	4 FID Number 54-3250976	Applied For Not Applicable		
21 State, Apt. # etc.	26 State, Apt. # etc.	5 Certificate of Status Desired	☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees		
22 City & State	27 City & State	6	☐ ☐		
23	28	8 This corporation has authority to transact business in Florida Florida Statutes ☒ Yes ☐ No			
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
O'NEILL, KAREN B 1009 21ST ST N JACKSONVILLE BEACH FL 32250				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code

11. Pursuant to the provisions of Sections 608 and 607, Florida Statutes, the above named corporation admits 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 with

12. OFFICER AND DIRECTOR		13.	
NAME	D YOUNG, CHARLES H	1. NAME	☐ Change ☐ Add
Home Address	404 WHITING LN	2. STREET ADDRESS	
City	ATLANTIC BEACH FL 32233	3. CITY, STATE, ZIP	☐ Change ☐ Add
NAME		4. NAME	
Home Address		5. STREET ADDRESS	
City		6. CITY, STATE, ZIP	☐ Change ☐ Add
NAME		7. NAME	
Home Address		8. STREET ADDRESS	
City		9. CITY, STATE, ZIP	☐ Change ☐ Add
NAME		10. NAME	
Home Address		11. STREET ADDRESS	
City		12. CITY, STATE, ZIP	☐ Change ☐ Add
NAME		13. NAME	
Home Address		14. STREET ADDRESS	
City		15. CITY, STATE, ZIP	☐ Change ☐ Add
NAME		16. NAME	
Home Address		17. STREET ADDRESS	
City		18. CITY, STATE, ZIP	☐ Change ☐ Add

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NO LONGER OFFICER OR DIRECTOR

A. H. Young
President

6/2/45

904.241-9884

CA2E034 (3/95)

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. Filing date: 07/01/1994
4. Filing number: 65-0498614
5. Additional fee required: \$8.75
6. Fee to be paid upon filing: \$5.00 May Be Added to Fees
7. Fee to be paid upon filing: \$5.00 May Be Added to Fees
8. Fee to be paid upon filing: \$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

81. Name
82. Street Address
83. City
84. State
85. ZIP

11. I hereby certify that the information supplied with this filing is true and correct. I understand that if I fail to provide true and correct information, I may be subject to penalties and fines. I understand that if I fail to provide true and correct information, I may be subject to penalties and fines. I understand that if I fail to provide true and correct information, I may be subject to penalties and fines.

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92. Name
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94. Name
95. Name
96. Name
97. Name
98. Name
99. Name
100. Name

SIGNATURE: William L. Brownell
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR CLERK

305-783-7114

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$



1995

DOCUMENT # P94000050253 (1)

WENDBEACH CORP.

27 CENTRAL AVE.
CORTLAND NY 13045

27 CENTRAL AVE.
CORTLAND NY 13045

		3. Date of Birth (dd/mm/yyyy)		3a. Date of Birth (dd/mm/yyyy)	
		07/07/1994			
2. Name (Last, First, Middle)		2a. Name (Last, First, Middle)		4. ID Number	
21		26		59-325 3404	
22		27		5. Certificate of Birth (Issued)	
				\$8.75 Additional Fee Required	
23		28		6. Fee for Copy of Birth Certificate	
				\$5.00 May Be Added to Fees	
24		29		6. Fee for Copy of Birth Certificate	
25		30		6. Fee for Copy of Birth Certificate	

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

01	Letter	
02	Transcript of the Board Meeting held April 1968	
03		
04		FL 05 2/4 C-10

[illegible]

12	13
	PRESIDENT
	DANNY STRICKLAND
	106 DERBYWOOD DRIVE
	LYNN HAVEN FL 32447
	SECRETARY
	LEWIS E. TUPPER
	181-18 TURNER ROAD
	JAMAICA NY 11432
	VP TREAS
	JEFFREY J. CAGHAN
	27 MAPLEWOOD DR
	BINGHAMTON NY 13901
	VP
	LEONARD WEISS
	8 PINE DRIVE
	GREAT NECK NY 11022

SIGNATURE: *X* 

Lewis & Topper, Secretary

6-22.95 718 1204 1113

0170001 EN

CP2E034 (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)**

PROXY
CORPORATION
ANNUAL MEETING
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
JANUARY 1, 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

DATE OF FILING: 07/07/1994

2	2a	3	3a
21	26	07/07/1994	07/07/1994
22	27	59-3254897	59-3254897
23	28	5	\$8.75 Additional Fee Required
24	29	6	\$5.00 May Be Added to Fees
25	30	7	8

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

81	82	83	84	85
FL				

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief.

12	13
PTD ROBERTSON, DAVID F 1305 FERN FOREST RUN OVIEDO FL 32765 VSD MORALES, JOSEPH D 3904 VALENCIA GROVE LANE ORLANDO FL 32817	

14. I hereby certify that the information supplied with this filing is a true and correct statement of the facts and circumstances of the corporation, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Joseph D. Morales* Pres. - CEO 6-20-95 678-1377
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

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
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050450 (3)

1. Corporation 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

3a. Date of Last Report

07/05/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

65-0521472

21. State Apt. # etc.

26. State Apt. # etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ \$5.00 May Be
Added to Fees

23. City & State

28. City & State

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

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0902, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

13. REGISTERED AGENT

1. NAME	D
2. STREET ADDRESS	CARIGNAN, PIERRE-ANDRE
3. CITY, STATE, ZIP	280 S.W. 12TH AVENUE
4. NAME	
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6. CITY, STATE, ZIP	
7. NAME	
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19. NAME	
20. STREET ADDRESS	
21. CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
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16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY, STATE, ZIP	
19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS	
21. CITY, STATE, 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 110.07(2)(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 resident or resident-employee to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or is otherwise attached with an address.

SIGNATURE:

[Signature]

PIERRE-ANDRE CARIGNAN 95/06/19 (305) 698-6980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

1995

DOCUMENT # P94000050733 (2)

K.F. BUILDERS, INC.

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

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

^a Values are means ± SD.

| | |
|-----------------------------------|--------------------|
| 3. Date of receipt of information | 3a. Date of report |
| 07/05/1994 | N/A |

| | |
|-----------------|------------------|
| 4. U: Applicant | Applicant Fee |
| 65-057436-1 | Post Application |

5. 1 month after it begins to grow ☐ **\$8.75 Additional
Fee Required**

\$5.00 May Be

☒ I have read and understand the above information.

9 Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|----|--|
| 61 | $\delta_{ij} \delta^{ij} = 4$ |
| 62 | $\delta_{ij} \delta^{jk} = \delta_i^k$ |
| 63 | |
| 64 | $\delta_{ij} \delta^{ij} = 4$ |

FL

11. The first part of the paper is devoted to the study of the asymptotic behavior of the sequence of functions $f_n(x)$ defined by the recurrence relation $f_{n+1}(x) = \frac{1}{2} (f_n(x) + \frac{1}{f_n(x)})$ for $n \geq 1$ and $f_1(x) = x$. It is shown that the sequence $f_n(x)$ converges to the function $f(x) = \sqrt{x}$ for $x > 0$ and to the function $f(x) = -\sqrt{x}$ for $x < 0$. The second part of the paper is devoted to the study of the asymptotic behavior of the sequence of functions $g_n(x)$ defined by the recurrence relation $g_{n+1}(x) = \frac{1}{2} (g_n(x) + \frac{1}{g_n(x)})$ for $n \geq 1$ and $g_1(x) = x$. It is shown that the sequence $g_n(x)$ converges to the function $g(x) = \sqrt{x}$ for $x > 0$ and to the function $g(x) = -\sqrt{x}$ for $x < 0$.

• $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

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

[illegible][illegible]

SIGNATURE:

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

6/20/95 (407) 878-5728

010370 CF

CR2E034 (3.95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Dorinda B. Matthews
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000051180 (5)

MINA OF FOREST CITY, INC.

Office Location (For Filings)
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 | |
| 8 This corporation has liability for intangible tax under s. 195.002, Florida Statutes ☒ Yes ☐ No | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CLEMENT, G. EDWARD
308 E. FIFTH AVE.
MOUNT DORA FL 32757 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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. | | | |
| 12.1 | D | NAME | VP | 13.1 | NAME | VP/D | Change ☐ Addition ☒ |
| 12.2 | D | NAME | MANSOUR, GEORGE | 13.2 | NAME | GOWNI, KAMIL | Change ☐ Addition ☒ |
| 12.3 | D | STREET ADDRESS | 6801 FOREST CITY RD. | 13.3 | STREET ADDRESS | 1348 VALLEY PINES CIRCLE | |
| 12.4 | D | CITY, ST. ZIP | ORLANDO FL 32810 | 13.4 | CITY, ST. ZIP | APAPKA, FL 32712 | |
| 12.5 | VP | NAME | | 13.5 | NAME | | |
| 12.6 | VP | STREET ADDRESS | | 13.6 | STREET ADDRESS | | |
| 12.7 | VP | CITY, ST. ZIP | | 13.7 | CITY, ST. ZIP | | |
| 12.8 | | NAME | | 13.8 | NAME | | |
| 12.9 | | STREET ADDRESS | | 13.9 | STREET ADDRESS | | |
| 12.10 | | CITY, ST. ZIP | | 13.10 | CITY, ST. ZIP | | |
| 12.11 | | NAME | | 13.11 | NAME | | |
| 12.12 | | STREET ADDRESS | | 13.12 | STREET ADDRESS | | |
| 12.13 | | CITY, ST. ZIP | | 13.13 | CITY, ST. ZIP | | |
| 12.14 | | NAME | | 13.14 | NAME | | |
| 12.15 | | STREET ADDRESS | | 13.15 | STREET ADDRESS | | |
| 12.16 | | CITY, ST. ZIP | | 13.16 | 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 law 19.021, Florida Statutes. I further certify that the information included 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 of this filing, or on an attachment with an address.

SIGNATURE: *[Signature]* **KAMIL GOWNI** **6-19-95** **296-5266**

**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)**

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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

| | | | |
|--|--|------------------------------|--|
| 1. Date incorporated or qualified | | 3a. Date of Last Report | |
| 07/07/1994 | | | |
| 4. FEI Number | | Applied For | |
| 65-0513729 | | Not Applicable | |
| 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| ☒ | | | |
| 6. Certificate of Status Desired | | 5.00 May Be Added to Fees | |
| ☐ | | | |
| 8. This corporation has liability for delinquent taxes under § 190.002, Florida Statutes ☐ Yes ☒ No | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MCDONALD, MARSHALL III
224 DATURA STREET
SUITE 611
WEST PALM BEACH FL 33401 | | 81. Name: JON P. NEWMAN
82. Street Address: 19655 RIVERSIDE DRIVE
83. City: TEQUESTA FL 33469
84. City: TEQUESTA FL 33469 | |

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: JON P. NEWMAN JON P. NEWMAN 6/15/95

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. CHIEF EXECUTIVE OFFICER | |
| NAME: JON P. NEWMAN
STREET ADDRESS: 19655 RIVERSIDE DRIVE
CITY: TEQUESTA, FL 33469
NAME: JON M. NEWMAN
STREET ADDRESS: 19655 RIVERSIDE DRIVE
CITY: TEQUESTA, FL 33469 | | NAME: JON P. NEWMAN
STREET ADDRESS: 19655 RIVERSIDE DRIVE
CITY: TEQUESTA, FL 33469
NAME: JON M. NEWMAN
STREET ADDRESS: 19655 RIVERSIDE DRIVE
CITY: TEQUESTA, FL 33469 | |

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 190.002(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 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block A, or Block B, of this report or on an affidavit with an affidavit.

SIGNATURE: JON P. NEWMAN 6/15/95 407-747 2500

CR2E034 (3/95)

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
NOTARIAL PUBLIC
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA 32399-0400

DOCUMENT # P94000052109 (3)

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

**Principal Office Address: 222 IMPERIAL LN
LAUDERDALE BY THE SEA FL 33308**

**Alternate Address: 222 IMPERIAL LN
LAUDERDALE BY THE SEA FL 33308**

DATE FILED WITH THIS STATE

3. Date for expiration of registration: 07/11/1994

4. FID Number: 65-0327501

5. Certificate of Status (Required) \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. Total Registration Fee: \$13.75

**2. Principal Office Address: 222 IMPERIAL LN
LAUDERDALE BY THE SEA FL 33308**

**2a. Alternate Address: 222 IMPERIAL LN
LAUDERDALE BY THE SEA FL 33308**

21. Number of Officers: 2

22. Number of Directors: 2

23. Number of Shareholders: 2

24. Number of Other Officers: 2

25. Number of Other Directors: 2

26. Number of Other Shareholders: 2

27. Number of Other Officers: 2

28. Number of Other Directors: 2

29. Number of Other Shareholders: 2

30. Number of Other Officers: 2

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name: WANDA SZCZESNIAK

82. Street Address (Not Box Number or Post Office Box): 222 IMPERIAL LN

83. City: LAUDERDALE BY THE SEA

84. State: FL

85. Zip: 33308

11. I, the undersigned, being a resident qualified to be sworn in as a Notary Public in the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original of the same as the same was presented to me for filing.

12. OFFICERS AND DIRECTORS

D

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

D

**SZCZESNIAK, ROBERT
222 IMPERIAL LN
LAUDERDALE BY THE SEA FL 33308**

13. ADDITIONAL OFFICERS AND DIRECTORS

1. NAME: WANDA SZCZESNIAK

2. STREET ADDRESS: 222 IMPERIAL LN

3. CITY: LAUDERDALE BY THE SEA

4. STATE: FL

5. ZIP: 33308

6. NAME: ROBERT SZCZESNIAK

7. STREET ADDRESS: 222 IMPERIAL LN

8. CITY: LAUDERDALE BY THE SEA

9. STATE: FL

10. ZIP: 33308

14. I, the undersigned, do hereby certify that the information required with this filing is voluntarily furnished and is true and correct, and that the same is a true and correct copy of the original of the same as the same was presented to me for filing.

SIGNATURE: Wanda F. Szczesniak

5-10-95

772-7383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

