

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

**APPROVED AND FILED**

55 MAY 23 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Janice B. Martin  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000058980 (1)**

1. Corporation Name  
**BLACK EXPO ORLANDO, INC.**

Principal Place of Business: **1085 S. HIAWASSEE RD. #522 ORLANDO FL 32835**  
Mailing Address: **1085 S. HIAWASSEE RD. #522 ORLANDO FL 32835**

DO NOT WRITE IN THIS SPACE

3. Date of Operation or Liquidation: **06/08/1994**      3a. Date of Last Report  
4. FIC Number:  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. 199.005, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **25**  
State, Apt. #, etc.:      State, Apt. #, etc.:  
City & State:      City & State:  
Zip:      City:      State:      Zip

**9. Name and Address of Current Registered Agent**  
**FREEMAN, HAROLD W**  
**1085 S. HIAWASSEE RD.**  
**#522**  
**ORLANDO FL 32835**

**10. Name and Address of New Registered Agent**  
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 607.032 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 the corporation's books and records as required by Florida Statutes.  
SIGNATURE: *Harold W. Freeman*      5-16-95

**12. OFFICERS AND DIRECTORS**

12.1	D	FREEMAN, HAROLD W 1085 S. HIAWASSEE RD. #522 ORLANDO FL 32835
12.2	D	MCNAIR, KIM 5465 TIMBERLEAF BLVD. APT. 801 ORLANDO FL 32811
12.3		
12.4		
12.5		
12.6		
12.7		
12.8		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(3)(b), Florida Statutes. I further certify that the information contained on this annual report is supplemental annual report filings and are complete and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to come into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached statement with an address.

SIGNATURE: *Harold W. Freeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51695      7400856

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

**APPROVED AND FILED**

INCORPORATION  
ANNUAL REPORT  
1995



STATE DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA 32399

MAY 20 1995

STATE OF FLORIDA

DOCUMENT # **P94000059498 (3)**

**FLORIDA FUN FACTORY, INC.**

Principal Office: 4301 32ND ST WEST, #A-15 BRADENTON FL 34205  
Mailing Address: 4301 32ND ST WEST, #A-15 BRADENTON FL 34205

2. Previous Fiscal Year End Date: 08/10/1994		3a. Date of Last Report: 08/10/1994	
21. 4275 34th Street South	26. 4275 34th Street South	4. FFL Number: 65-0524740	Adjusted For: Not Applicable
22. Suite 295	27. Suite 295	5. Certificate of Status Filed: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. St. Petersburg, Florida	28. St. Petersburg, Florida	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 33711	25. Pinellas	29. 33711	30. Pinellas

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MATHENA, MONA 3502 CASA BLANCA AVENUE ST. PETERSBURG BEACH FL 33706		B1 Name: _____ B2 Street Address (P.O. Box Number is Not Acceptable): _____ B3 _____ B4 City: _____ FL B5 Zip Code: _____	

11. Pursuant to the provisions of Sections 607.0507 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 Sections 607.0507, Florida Statutes.

SIGNATURE: *M. L. Mathena* M. L. MATHENA 5-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	P NAME: MATHENA, MONA STREET ADDRESS: 3502 CASA BLANCA AVENUE CITY: ST. PETERSBURG BEACH FL 33706	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V NAME: HAGER, SCOTT STREET ADDRESS: 218 34TH DR. EAST CITY: BRADENTON FL 34208	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing, voluntarily furnished and true, and qualify for the exemption stated in Section 119.011(1)(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. 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 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE: *M. L. Mathena* MONA L. MATHENA 5-12-95 813-360-1025

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000059745 (7)**  
1. Corporation Name  
**G AND I INC.**

Principal Place of Business: **315 CROSSWINDS DRIVE PALM HARBOR FL 34683**  
Mailing Address: **315 CROSSWINDS DRIVE PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified: <b>08/11/1994</b>	3a. Date of Last Report:
21. Subst. Apt. # etc.	26. Subst. Apt. # etc.	4. FEI Number: <b>59-3270222</b>		Applied For: Not Applicable	
22. City & State:	27. City & State:	5. Certificate of Status Desired: <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip:	28. Zip:	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country:	29. Country:	30. Country:		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LESNIEWSKI, GREGORY 315 CROSSWINDS DRIVE PALM HARBOR FL 34683</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.050(2) 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 Sections 607.050, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
I, \_\_\_\_\_, Registered Agent, hereby accept the appointment as \_\_\_\_\_, Registered Agent, and I hereby accept the appointment as \_\_\_\_\_, Registered Agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>D LESNIEWSKI, GREGORY</b>	12.2 STREET ADDRESS: <b>315 CROSSWINDS DRIVE</b>	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, ST, ZIP: <b>PALM HARBOR FL 34683</b>		13.2 STREET ADDRESS:	
12.4 CITY, ST, ZIP:		13.3 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:		13.4 STREET ADDRESS:	
12.6 STREET ADDRESS:		13.5 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY, ST, ZIP:		13.6 NAME:	
12.8 NAME:		13.7 STREET ADDRESS:	
12.9 STREET ADDRESS:		13.8 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 CITY, ST, ZIP:		13.9 NAME:	
12.11 NAME:		13.10 STREET ADDRESS:	
12.12 STREET ADDRESS:		13.11 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 CITY, ST, ZIP:		13.12 NAME:	
12.14 NAME:		13.13 STREET ADDRESS:	
12.15 STREET ADDRESS:		13.14 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 CITY, ST, ZIP:		13.15 NAME:	
12.17 NAME:		13.16 STREET ADDRESS:	
12.18 STREET ADDRESS:		13.17 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 CITY, ST, ZIP:		13.18 NAME:	
12.20 NAME:		13.19 STREET ADDRESS:	
12.21 STREET ADDRESS:		13.20 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 CITY, ST, ZIP:		13.21 NAME:	
12.23 NAME:		13.22 STREET ADDRESS:	
12.24 STREET ADDRESS:		13.23 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 CITY, ST, ZIP:		13.24 NAME:	
12.26 NAME:		13.25 STREET ADDRESS:	
12.27 STREET ADDRESS:		13.26 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.28 CITY, ST, ZIP:		13.27 NAME:	
12.29 NAME:		13.28 STREET ADDRESS:	
12.30 STREET ADDRESS:		13.29 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.31 CITY, ST, ZIP:		13.30 NAME:	
12.32 NAME:		13.31 STREET ADDRESS:	
12.33 STREET ADDRESS:		13.32 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 CITY, ST, ZIP:		13.33 NAME:	
12.35 NAME:		13.34 STREET ADDRESS:	
12.36 STREET ADDRESS:		13.35 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.37 CITY, ST, ZIP:		13.36 NAME:	
12.38 NAME:		13.37 STREET ADDRESS:	
12.39 STREET ADDRESS:		13.38 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.40 CITY, ST, ZIP:		13.39 NAME:	
12.41 NAME:		13.40 STREET ADDRESS:	
12.42 STREET ADDRESS:		13.41 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.43 CITY, ST, ZIP:		13.42 NAME:	
12.44 NAME:		13.43 STREET ADDRESS:	
12.45 STREET ADDRESS:		13.44 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 CITY, ST, ZIP:		13.45 NAME:	
12.47 NAME:		13.46 STREET ADDRESS:	
12.48 STREET ADDRESS:		13.47 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.49 CITY, ST, ZIP:		13.48 NAME:	
12.50 NAME:		13.49 STREET ADDRESS:	
12.51 STREET ADDRESS:		13.50 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.52 CITY, ST, ZIP:		13.51 NAME:	
12.53 NAME:		13.52 STREET ADDRESS:	
12.54 STREET ADDRESS:		13.53 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.55 CITY, ST, ZIP:		13.54 NAME:	
12.56 NAME:		13.55 STREET ADDRESS:	
12.57 STREET ADDRESS:		13.56 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.58 CITY, ST, ZIP:		13.57 NAME:	
12.59 NAME:		13.58 STREET ADDRESS:	
12.60 STREET ADDRESS:		13.59 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.61 CITY, ST, ZIP:		13.60 NAME:	
12.62 NAME:		13.61 STREET ADDRESS:	
12.63 STREET ADDRESS:		13.62 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.64 CITY, ST, ZIP:		13.63 NAME:	
12.65 NAME:		13.64 STREET ADDRESS:	
12.66 STREET ADDRESS:		13.65 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.67 CITY, ST, ZIP:		13.66 NAME:	
12.68 NAME:		13.67 STREET ADDRESS:	
12.69 STREET ADDRESS:		13.68 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.70 CITY, ST, ZIP:		13.69 NAME:	
12.71 NAME:		13.70 STREET ADDRESS:	
12.72 STREET ADDRESS:		13.71 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.73 CITY, ST, ZIP:		13.72 NAME:	
12.74 NAME:		13.73 STREET ADDRESS:	
12.75 STREET ADDRESS:		13.74 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.76 CITY, ST, ZIP:		13.75 NAME:	
12.77 NAME:		13.76 STREET ADDRESS:	
12.78 STREET ADDRESS:		13.77 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.79 CITY, ST, ZIP:		13.78 NAME:	
12.80 NAME:		13.79 STREET ADDRESS:	
12.81 STREET ADDRESS:		13.80 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.82 CITY, ST, ZIP:		13.81 NAME:	
12.83 NAME:		13.82 STREET ADDRESS:	
12.84 STREET ADDRESS:		13.83 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.85 CITY, ST, ZIP:		13.84 NAME:	
12.86 NAME:		13.85 STREET ADDRESS:	
12.87 STREET ADDRESS:		13.86 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.88 CITY, ST, ZIP:		13.87 NAME:	
12.89 NAME:		13.88 STREET ADDRESS:	
12.90 STREET ADDRESS:		13.89 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.91 CITY, ST, ZIP:		13.90 NAME:	
12.92 NAME:		13.91 STREET ADDRESS:	
12.93 STREET ADDRESS:		13.92 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.94 CITY, ST, ZIP:		13.93 NAME:	
12.95 NAME:		13.94 STREET ADDRESS:	
12.96 STREET ADDRESS:		13.95 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.97 CITY, ST, ZIP:		13.96 NAME:	
12.98 NAME:		13.97 STREET ADDRESS:	
12.99 STREET ADDRESS:		13.98 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.100 CITY, ST, ZIP:		13.99 NAME:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in Block 12 or Block 13, if it changed, on my appointment with an address.

SIGNATURE: *Gregory Lesniewski* **Gregory Lesniewski** ✓ **5/18/95** **813-943-8813**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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

APPROVED AND FILED

MAY 25 1995 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jeane B. Northcutt  
Secretary of State  
Division of Corporations

DOCUMENT # **P94000060210 (9)**

1. Corporation Name  
**SHAMROCK ENVIRONMENTAL MONITORING SYSTEMS, INC.**

Principal Place of Business: **2391 BAYVIEW LANE NORTH MIAMI FL 33181**  
Mailing Address: **2391 BAYVIEW LANE NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/11/1994</b>	3a. Date of Last Report <b>None</b>
4. FFI Number <b>65-0517343</b>	Any Fees Payable Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under 5-1104.03 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>MULLOWNEY, ROBERT L JR. 2391 BAYVIEW LANE NORTH MIAMI FL 33181</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.094, and 607.1509, 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 Sections 607.094, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-12)	
1. NAME <b>D MULLOWNEY, ROBERT JR. 2391 BAYVIEW LANE NORTH MIAMI FL 33181</b>	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
2. NAME <b>D SHINKLE, D.J. 919 BURR AVENUE WINNETKA IL 60093</b>	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
3. NAME <b>D KAPLAND, PAMELA 5681 S.W. 116TH AVENUE COOPER CITY FL 33330</b>	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
4. NAME	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
5. NAME	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
6. NAME	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
7. NAME	7. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
8. NAME	8. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New

14. I do hereby certify that the information supplied with this filing is a true and correct copy of the information stated in Section 119.021(9)(a) Florida Statutes. I further certify that the information is available to the public upon request in the 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 this corporation and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in a document or instrument with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OR DIRECTOR

13 Feb 95 305-895-8555