

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Samuel B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059299 (5)

1. Corporation Name

RIVINGTON ENTERPRISES, INC.

Principal Office Location

1551 FORUM PL
SUITE 400B
WEST PALM BEACH FL 33401

Mailing Address

1551 FORUM PL
SUITE 400B
WEST PALM BEACH FL 33401

2. Date of Report (Month/Day/Year)

08/11/1994

3. Date of Report (Month/Day/Year)

08/11/1994

2. Mailing Address

21. State of Report

23. City and State

24. City and State

25. Mailing Address

26. State of Report

28. City and State

29. City and State

4. Filing Fee

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor

\$5.00 May Be
Added to Fees

8. This corporation has not been organized in another state or foreign jurisdiction.
If so, please specify: Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, STUART B
1551 FORUM PL
SUITE 400B
WEST PALM BEACH FL 33401

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of filing the same with the Department of State. If the corporation has changed its name, the name change was authorized by the corporation's board of directors, and the undersigned is a duly authorized officer of the corporation, I hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of filing the same with the Department of State.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
BISHOP, JEFFREY M
10131 W FOREST HILL BLVD SUITE 150
WEST PALM BEACH FL 33414

D
CAMPITELLI, ROBERT
10131 W FOREST HILL BLVD SUITE 150
WEST PALM BEACH FL 33414

D
KLEIN, STUART B
1551 FORUM PL SUITE 400B
WEST PALM BEACH FL 33401

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. NAME ☐ Change ☐ Addition

24. NAME ☐ Change ☐ Addition

25. NAME ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

28. NAME ☐ Change ☐ Addition

29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

31. NAME ☐ Change ☐ Addition

32. NAME ☐ Change ☐ Addition

33. NAME ☐ Change ☐ Addition

34. NAME ☐ Change ☐ Addition

35. NAME ☐ Change ☐ Addition

36. NAME ☐ Change ☐ Addition

37. NAME ☐ Change ☐ Addition

38. NAME ☐ Change ☐ Addition

39. NAME ☐ Change ☐ Addition

40. NAME ☐ Change ☐ Addition

SIGNATURE:

Stuart B. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (407) 478-1566

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Division of Corporate Filings

APPROVED
AND
FILED

4-21-95 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060148 (1)

1. Corporation Name

USED CAR DEPARTMENT, INC.

2. Principal Office Address

1313 KING ST.
COCOA FL 32922

3. Mailing Address

1313 KING ST.
COCOA FL 32922

(If different from principal office address)

3. Date incorporated or qualified

08/16/1994

3a. Date of Last Report

4. UCI Number

59-3264580

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. This report is being filed by the corporation for the calendar year ending

Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINE, WILLIAM III
1313 KING ST.
COCOA FL 32922

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number, or Post Office Address

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes, the above named corporation certifies 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, officers, or except the applicant is an exempt limited liability partnership, and is not subject to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director/Officer)

(Signature of Registered Agent or Director/Officer)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME

DP
FINE, WILLIAM III
1313 KING ST.
COCOA FL 32922

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

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30. NAME

31. NAME

32. NAME

33. NAME

34. NAME

35. NAME

36. NAME

37. NAME

38. NAME

39. NAME

40. NAME

SIGNATURE:

William Fine III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM FINE III

PRESIDENT

4-21-95

(407) 632-8463

0000170 CP

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
951700000005
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061432 (8)

1. Corporation Name
FUN STOP, INC.

Principal Place of Business: **444 RIVER EDGE RD JUPITER FL 33477**
Mailing Address: **444 RIVER EDGE RD JUPITER FL 33477**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report
4. FEI Number 65-0514352	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. Does corporation have authority not subject to chapter 607, Florida Statutes? ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KURLANSIK, MARY W 200 S BISCAYNE BLVD SUITE 2350 MIAMI FL 33176-6058		Sandra Coto 444 River Edge Road Jupiter, FL 33477	

11. Pursuant to the provisions of sections 607.0807 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: *Sandra Coto* **Sandra Coto**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D	1. NAME KURLANSIK, MARY W	1. TITLE P	1. NAME Sandra Coto
2. STREET ADDRESS % 444 RIVER EDGE RD	2. STREET ADDRESS 444 River Edge Road	2. TITLE VP	2. NAME Dolores Hermanson
3. CITY, ST, ZIP JUPITER FL 33477	3. CITY, ST, ZIP Jupiter, FL 33477	3. TITLE S	3. NAME Jose Coto
4. TITLE 	4. NAME 	4. TITLE 	4. NAME
5. TITLE 	5. NAME 	5. TITLE 	5. NAME
6. TITLE 	6. NAME 	6. TITLE 	6. NAME
7. TITLE 	7. NAME 	7. TITLE 	7. NAME
8. TITLE 	8. NAME 	8. TITLE 	8. NAME
9. TITLE 	9. NAME 	9. TITLE 	9. NAME
10. TITLE 	10. NAME 	10. TITLE 	10. NAME
11. TITLE 	11. NAME 	11. TITLE 	11. NAME
12. TITLE 	12. NAME 	12. TITLE 	12. NAME
13. TITLE 	13. NAME 	13. TITLE 	13. NAME
14. TITLE 	14. NAME 	14. TITLE 	14. NAME
15. TITLE 	15. NAME 	15. TITLE 	15. NAME
16. TITLE 	16. NAME 	16. TITLE 	16. NAME
17. TITLE 	17. NAME 	17. TITLE 	17. NAME
18. TITLE 	18. NAME 	18. TITLE 	18. NAME
19. TITLE 	19. NAME 	19. TITLE 	19. NAME
20. TITLE 	20. NAME 	20. TITLE 	20. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11.01(2), Florida Statutes. I further certify that the information is correct in this annual report or supplemental annual report, 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 as an attachment with an address.

SIGNATURE: *Sandra Coto* **Sandra Coto, President 1/31/95 (407) 744-3496**

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1995



DOCUMENT # P94000062078 (8)

STEVENSON & ASSOCIATES PHYSICAL THERAPY, INC.

16681-104 MCGREGOR BLVD SW
FORT MYERS FL 33908

16681-104 MCGREGOR BLVD SW
FORT MYERS FL 33908

3. Date of Application: 08/23/1994

21. 4417 SE 16TH PLACE
22. UNIT 12
23. CAPE CORAL FL
24. 33904 25. USA
26. 4417 SE 16TH PLACE
27. UNIT 12
28. CAPE CORAL FL
29. 33904 30. USA

4. Application Fee: 65-0513636
5. Contribution of State: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Contribution of State: X
8. Contribution of State: X

9. Name and Address of Current Registered Agent

STEVENSON, ERIC
16681-104 MCGREGOR BLVD SW
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

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

11. I, the undersigned, hereby certify that the information furnished herein is true and correct, and that I am the owner of the business and that I am the person who has authorized the filing of this application.

12. D
STEVENSON, ERIC
16681-104 MCGREGOR BLVD SW
FORT MYERS FL 33908
D
BORODUNOVICH, NANCY
16681-104 MCGREGOR BLVD SW
FORT MYERS FL 33908

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:
VP
STEVENSON, ERIC
4417 SE 16TH PLACE UNIT 12
CAPE CORAL FL 33904
D/P
BORODUNOVICH, NANCY
4417 SE 16TH PLACE UNIT 12
CAPE CORAL, FL 33904

14. I, the undersigned, hereby certify that the information furnished herein is true and correct, and that I am the owner of the business and that I am the person who has authorized the filing of this application.

SIGNATURE:

Eric Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-95

83-945-6262

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

08/19/94 PM 1:56
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062157 (0)
BUYER'S REALTY OF SOUTH FLORIDA, INC.

Principal Office: P.O. BOX 260 KEY LARGO FL 33037
Mailing Address: P.O. BOX 260 KEY LARGO FL 33037

2. Principal Office of Registration		2a. Mailing Address		3. Date of Report (Month/Day/Year)		3a. Date of Filing (Month/Day/Year)	
21. 98310 OVERSEAS HWY		26. P.O. BOX 872		08/19/1994		08/19/1994	
22. State App # 01		27. State App # 01		4. Filing Number		4a. Filing Number	
23. Key Largo, FLORIDA		28. Key Largo, FLORIDA		65-0516094		65-0516094	
24. 33037		25. U.S.A.		29. 33037		30. U.S.A.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HENNESSY, DERMOT 20 SEAGATE BLVD. KEY LARGO FL 33037				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City, State, Zip			
				FL 85 33037			
11. Pursuant to the provisions of Section 607.01(2)(b) of the Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent in accordance with the provisions of the Florida Statutes. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and accept the responsibility of the new registered office, Florida Statutes.							
SIGNATURE: <i>Dermot Hennessy</i> (DERMOT HENNESSY) 4-24-95							

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	D HENNESSY, DERMOT	NAME	
STREET ADDRESS	P.O. BOX 260	STREET ADDRESS	
CITY, STATE, ZIP	KEY LARGO FL 33037	CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information reported with this report is voluntarily furnished and is true and complete for the corporation, stated in its best interest, and that I am not aware of any information that would cause the corporation to change its registered office or registered agent. I understand that the corporation is required to file this report with the Department of State, and that I am responsible for the accuracy of the information reported. I understand that the corporation is required to file this report with the Department of State, and that I am responsible for the accuracy of the information reported.

SIGNATURE: *Dermot Hennessy* (DERMOT HENNESSY) 4/24/95 305852 0867

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LOVED

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

JEFFREY B. MANNING

Secretary of State

1000 BANK OF AMERICA BUILDING

MAY 2 1995

DOCUMENT # **P94000062797 (3)**

LAW OFFICES OF KEN LANGE, INC.

WILLIAM H. WILSON

1111 KANE CONCOURSE
SUITE 506
BAY HARBOR ISLANDS FL 33154

1111 KANE CONCOURSE
SUITE 506
BAY HARBOR ISLANDS FL 33154

DOCUMENT # P94000062797 (3)

3. Date presented for filing	3a. Date of Last Report
08/25/1994	
4. FFL Number	Applies For
65-0391797	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contributions	
7. Does corporation have liability for a foreign tax credit?	
Florida Statutes	Yes ☒ No ☐

2. Principal Office	2a. Mailing Address
21	26
22. State Apt. #	27. State Apt. #
23. City & State	28. City & State
24	25
29	30

9. Name and Address of Current Registered Agent

LANGE, KEN
1111 KANE CONCOURSE
SUITE 506
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 602 (b)(2) and 602 (b)(3), 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, thereby accept the appointment as registered agent. I am, further, with knowledge and the signatures of the board of directors of the corporation.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	D LANGE, KEN	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	1111 KANE CONCOURSE SUITE 506	2. NAME	
CITY & STATE	BAY HARBOR ISLANDS FL 33154	3. NAME	
NAME		4. NAME	
STREET ADDRESS		5. NAME	
CITY & STATE		6. NAME	
NAME		7. NAME	
STREET ADDRESS		8. NAME	
CITY & STATE		9. NAME	
NAME		10. NAME	
STREET ADDRESS		11. NAME	
CITY & STATE		12. NAME	
NAME		13. NAME	
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	
NAME		16. NAME	
STREET ADDRESS		17. NAME	
CITY & STATE		18. NAME	
NAME		19. NAME	
STREET ADDRESS		20. NAME	
CITY & STATE		21. NAME	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in law for the corporation's liability. I further certify that the information provided in this annual report or supplemental statement is true and accurate and that my signature is placed on this annual report or supplemental statement in the presence of the corporation's board of directors or the person authorized to execute the report as required by Chapter 602, Florida Statutes, and that my signature appears on the statement of change of registered office and agent.

SIGNATURE:

KEN LANGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEN LANGE

4/25/95 (305)506-0400

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JENNIFER M. BARTON
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
6/13

08/25/1994 PM 1:56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062930 (0)

ALERT DIAGNOSTICS, INC.

1. Principal Office (Mailing Address) 1136 S.W. 139TH PLACE MIAMI FL 33184	2. Mailing Address 1136 S.W. 139TH PLACE MIAMI FL 33184
--	---

3. Principal Office (Mailing Address) 21. 8249 NW 36 ST #113 FL 33166 22. Suite Address #113 23. City, State MIAMI, FLORIDA 24. ZIP 33166	26. Mailing Address 26. SUITE 113, MIAMI, FL. 33166 27. Suite Address #113 28. City, State MIAMI, FL. 29. ZIP 33166
--	--

3. Filing Date (Month/Day/Year) 08/25/1994	3a. Filing Date (Month/Day/Year)
4. Filing Number 65-0516533	4a. Filing Number
5. Certificate of Status Fee \$8.75 Additional Fee Required	5a. Certificate of Status Fee
6. Filing Campaign Finance and Fund Contribution \$5.00 May Be Added to Fees	6a. Filing Campaign Finance and Fund Contribution
7. Filing Corporation's Name and Address (Not Applicable to Florida Statutes) X Yes	7a. Filing Corporation's Name and Address (Not Applicable to Florida Statutes)

9. Name and Address of Current Registered Agent ANDRIAL, JAVIER 1136 S.W. 139TH PLACE MIAMI FL 33184	10. Name and Address of New Registered Agent 81. Name 82. Street Address, P.O. Box Number or Not Applicable 83. 84. City, State FL
---	---

11. This report is filed pursuant to the provisions of Chapter 193, Florida Statutes, which require the filing of this report by the corporation or partnership. The filing of this report is required by the corporation or partnership. The filing of this report is required by the corporation or partnership. The filing of this report is required by the corporation or partnership.

12. PD ANDRIAL, JAVIER 1136 S.W. 139TH PLACE MIAMI FL 33184 VD URQUIJO, GUSTAVO 1136 S.W. 139TH PLACE MIAMI FL 33184	13. PD ANDRIAL, JAVIER 1136 S.W. 139TH PLACE MIAMI FL 33184 VD URQUIJO, GUSTAVO 12801 OLD CUTLER RD MIAMI, FL. 33156
---	---

14. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am the duly authorized officer or agent of the corporation or partnership. I am the duly authorized officer or agent of the corporation or partnership. I am the duly authorized officer or agent of the corporation or partnership.

SIGNATURE: *Javier F. Andrial* JAVIER F. ANDRIAL 04-19-95 592-8869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR