**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

APPROVED
AND
FILED

95 MAY 30 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069418 (9)**

1. Corporate Name
**LA JOLI MAISON OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business
**4380 GULFSHORE BLVD. NORTH**
**#816**
**NAPLES FL 33940**

Mailing Address
**4380 GULFSHORE BLVD. NORTH**
**#816**
**NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified)
**09/21/1994**

3a. Date of Last Report
**N/A**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
**65-0519704**

Applied For ☐
Not Applicable ☐

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

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

City & State
23

City & State
28

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

Zip
24

County
25

Zip
29

County
30

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

9. Name and Address of Current Registered Agent

**CRONIN, DENNIS P**
**1167 THIRD STREET SOUTH**
**SUITE 107**
**NAPLES FL 33940**

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 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TYPE | D | TYPE | P ☐ Change ☐ Addition |
| NAME | GABR, HAYAM S | NAME | |
| STREET ADDRESS | 4380 GULFSHORE BLVD. NORTH, #816 | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33940 | CITY-ST-ZIP | |
| TYPE | | TYPE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TYPE | | TYPE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TYPE | | TYPE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | Ø |
| TYPE | | TYPE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TYPE | | TYPE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

14. I declare I 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 12 or Block 13 above, or on an attachment with an additional.

**SIGNATURE:** Hayam Gabr **HAYAM GABR** **5/1/95** **(813)643-9294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0326075 CP

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

CORPORATION
ANNUAL REPORT
**1995**

APPROVED
AND
FILED

DOCUMENT # **P94000069658 (0)**

1. Current Name
**ANALYTIC FIRE PROTECTION SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 649 5TH AVENUE SOUTH<br>SUITE 220<br>NAPLES FL 33940 | 649 5TH AVENUE SOUTH<br>SUITE 220<br>NAPLES FL 33940 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1994**
3a. Date of Last Report:

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

4. FEI Number: 65-0520708 — 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 § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, HENRY W
1401 UNIVERSITY DR., #301
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section(s) 607.1005 and/or 617.1905, 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(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
JOHNSON, HENRY W
649 5TH AVE. SOUTH, STE. 220
NAPLES FL 33940

TPS
NICHOLAS HULME
3665, WINKLER AV. #1314
FORT MYERS FL 33916

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare that the information supplied with the 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 added to the report.

**SIGNATURE:** NICHOLAS HULME — 4/17/95 — 813-939-6163

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

0328837 CP