

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

62 MAY 23 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069418 (9)

1. Corporation Name

LA JOLI MAISON OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or qualified 09/21/1994	3a. Date of Last Report N/A
4. FET Number 65-0519704	Applied Fee 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
6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No	

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

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 607.0602 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE

(Signature of Agent or Officer or Director)

(Signature of person applying and not after first date)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
1. NAME GABR, HAYAM S	1. NAME P	☐ Change	☐ Addition
2. STREET ADDRESS 4380 GULFSHORE BLVD. NORTH, #816	2. STREET ADDRESS		
3. CITY NAPLES FL 33940	3. CITY	☐ Change	☐ Addition
4. NAME	4. NAME		
5. STREET ADDRESS	5. STREET ADDRESS		
6. CITY	6. CITY	☐ Change	☐ Addition
7. NAME	7. NAME		
8. STREET ADDRESS	8. STREET ADDRESS		
9. CITY	9. CITY	☐ Change	☐ Addition
10. NAME	10. NAME		
11. STREET ADDRESS	11. STREET ADDRESS		
12. CITY	12. CITY	☐ Change	☐ Addition
13. NAME	13. NAME		
14. STREET ADDRESS	14. STREET ADDRESS		
15. CITY	15. CITY	☐ Change	☐ Addition
16. NAME	16. NAME		
17. STREET ADDRESS	17. STREET ADDRESS		
18. CITY	18. CITY	☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(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 available on demand for all the corporation for the removal or together empowered to remove this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE: *Hayam Gabr* **HAYAM GABR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (813) 643-9294
Date Telephone Number

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CORPORATION IN
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Charles B. McPherson
Secretary of State
Office of the Secretary of State, Tallahassee, Florida

APPROVED
FILED

09/21/95 / 11/01/95

DOCUMENT # P94000069658 (0)

ANALYTIC FIRE PROTECTION SERVICES, INC.

1000 W. MOBILE AVE.
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **649 5TH AVENUE SOUTH SUITE 220 NAPLES FL 33940**
Mailing Address: **649 5TH AVENUE SOUTH SUITE 220 NAPLES FL 33940**

3. Date first incorporated or qualified: **09/21/1994**
3a. Date of last report:

2. Principal Place of Business: 21. State: FL 22. City & State: 23. City: NAPLES State: FL 24. Country: USA	2a. Mailing Address: 26. State: FL 27. City & State: 28. City: NAPLES State: FL 29. Country: USA	4. FIC Number: 65-0520708 Applied Fee: ☐ 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. 194.032, Florida Statutes: ☐ Yes ☒ No
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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: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: FL Zip Code: 33071
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11. Pursuant to the provisions of Sections 607.02(2) and 607.15(8), 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 provisions of Sections 607.02(2) Florida Statutes.

SIGNATURE: _____ By: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
1. NAME: JOHNSON, HENRY W 2. STREET ADDRESS: 649 5TH AVE. SOUTH, STE. 220 3. CITY & STATE: NAPLES FL 33940	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	☐ Change ☐ Addition	
4. NAME: TPS 5. STREET ADDRESS: NICHOLAS HOLME 6. CITY & STATE: 3665 WINKLER AV. #1314 7. CITY & STATE: FORT MYERS FL 33916	4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY & STATE: _____	☐ Change ☐ Addition	
8. NAME: _____ 9. STREET ADDRESS: _____ 10. CITY & STATE: _____	8. NAME: _____ 9. STREET ADDRESS: _____ 10. CITY & STATE: _____	☐ Change ☐ Addition	
11. NAME: _____ 12. STREET ADDRESS: _____ 13. CITY & STATE: _____	11. NAME: _____ 12. STREET ADDRESS: _____ 13. CITY & STATE: _____	☐ Change ☐ Addition	
14. NAME: _____ 15. STREET ADDRESS: _____ 16. CITY & STATE: _____	14. NAME: _____ 15. STREET ADDRESS: _____ 16. CITY & STATE: _____	☐ Change ☐ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not violate the provisions stated in Sections 119.11(2)(b), Florida Statutes. I further certify that the provisions contained on this annual report or supplemental annual report are 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed or new information with an address.

SIGNATURE: *Nicholas Holme* **NICHOLAS HOLME** **4/17/95** **813.939.6163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR