

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399

APPROVED
AND
FILED

MAY 23 11:10:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069723 (2)

1. Corporation Name

TRACTOPARTS - ARCADIA, INC.

Principal Place of Business

2115 S.E. HIGHWAY 70
ARCADIA FL 33821

Mailing Address

2115 S.E. HIGHWAY 70
ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0530958

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

24. Country

28. Zip

29. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDRON, EUGENE E JR.
124 N. BREVARD AVENUE
ARCADIA FL 33821

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of officer or director of corporation required when changing registered office or registered agent)

(Signature of Registered Agent required when changing)

5-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STEVENS, ALBERT J
STREET ADDRESS	ROUTE 7, BOX 278X
CITY, ST, ZIP	ARCADIA FL 33821
TITLE	D
NAME	STEVENS, ANABEL
STREET ADDRESS	ROUTE 7, BOX 278X
CITY, ST, ZIP	ARCADIA FL 33821
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 119.07(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or on the biennial 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 registered or limited employee and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 55-15-95-7440
(8-9)
Signature

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

NOV 13 1995

DOCUMENT # P94000069937 (8)

1. Corporation Name

HIGHLAND AUTO CENTER & RESTORATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office (If Different)		Mailing Address	
500 S HIGHLAND CENTER MT DORA FL 32757		500 S HIGHLAND CENTER MT DORA FL 32757	
2. Director Name (If Different)	2a. Mailing Address	4. FET Number	3a. Date of Last Report
21	26	59-3277396	09/12/1994
State Apt # etc	State Apt # etc	5. Certificate of Status Desired	Applied For
22	27	☐	☐
City & State	City & State	6. Election Campaign Financing	\$8.75 Additional Fee Required
23	28	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
City	County	City	County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, FREDERICK R
500 S HIGHLAND CENTER
MT DORA FL 32757**

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 607.0500 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in both in this 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 responsibilities of the new office, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

ATTEST

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	D JOHNSON, FREDERICK R	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	500 S HIGHLAND CENTER	2. STREET ADDRESS	
3. CITY & STATE	MT DORA FL 32757	3. CITY & STATE	☐ Change ☐ Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	☐ Change ☐ Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	☐ 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 sections 119.01(2)(b), Florida Statutes. Further, I 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 registered agent engaged to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frederick R Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

5/18/95

904-383-6511
Tallahassee, Florida

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

CORPORATION
ANNUAL REPORT

1995



DEPARTMENT OF STATE
JANET B. MURPHY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

09/22/1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070424 (4)**

YAMU JAPANESE RESTAURANT, INC.

Principal Office Address: **3910 NE 22ND AVE
LIGHTHOUSE POINT FL 33064**
Mailing Address: **3910 NE 22ND AVE
LIGHTHOUSE POINT FL 33064**

3. Date for report filed: **09/22/1994** 3a. Date of last report:
4. Filing Number: **65-0519389** 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 22-1322, Florida Statutes: ☒ Yes ☐ No

2. Principal Office of Registered Agent: 2a. Mailing Address:
21. City, State, Zip: 26. Suite, Apt. #, etc.:
22. City, State, Zip: 27. City & State:
23. City, State, Zip: 28. City & State:
24. City, State, Zip: 25. City, State, Zip: 29. City, State, Zip: 30. City, State, Zip:

9. Name and Address of Current Registered Agent: **YAMUSENOR, ABDULLATIF
3910 NE 22ND AVE
LIGHTHOUSE POINT FL 33064**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0607 and 607.1708, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 IN 12:
NAME: **DPST** NAME: NAME: ☐ Change ☐ Addition
STREET ADDRESS: **YAMUSENOR, ABDULLATIF** NAME: NAME: ☐ Change ☐ Addition
CITY, STATE, ZIP: **3910 NE 22ND AVE** NAME: NAME: ☐ Change ☐ Addition
CITY, STATE, ZIP: **LIGHTHOUSE POINT FL 33064** NAME: NAME: ☐ Change ☐ Addition
NAME: NAME: NAME: NAME: ☐ Change ☐ Addition
STREET ADDRESS: NAME: NAME: NAME: NAME: ☐ Change ☐ Addition
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CITY, STATE, ZIP: NAME: NAME: NAME: NAME: ☐ Change ☐ Addition

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 139.01, 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 be a true and correct reflection of such certificate. That I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in an attachment with an address.

SIGNATURE: *Abdullatif Yamusenor*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
ABDULLATIF YAMUSENOR

5-15-95 505-786-1991

1995

[illegible]

APPROVED
100
100

[illegible]

EL TALLER PUBLISHING COMPANY

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

1275 BANCHORY LN
SARASOTA FL 34237

09/28/1994

**\$8.75 Additional
Fee Required**

10. Name and Address of New Registered Agent

1998

82	General Admin. Serv. - Bureau of Land Management - BLM - 1000000000
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11. The Committee is also concerned that the State party has not taken any concrete steps to ensure that the rights of indigenous peoples are protected and promoted, and that the State party has not taken any concrete steps to ensure that the rights of indigenous peoples are protected and promoted, and that the State party has not taken any concrete steps to ensure that the rights of indigenous peoples are protected and promoted.

1000

12.

4. 1991年12月，中国工商银行总行在《中国工商银行总行章程》中，首次将“中国工商银行总行”更名为“中国工商银行”，并规定“中国工商银行总行”为“中国工商银行”的总行。

[illegible][illegible]

SIGNATURE:

SIGNATURE AND TYPE OF PERSON NAME OF AGENCY OR FIRM OR BUSINESS

5/17/95 813.358-4413

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JANUARY 1, 1996

APPROVED
AND
FILED

09/30/1994 15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072064 (6)

1. Corporation Name

SCOT MICHAEL ASSOCIATES, INC.

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 4801-9 JOG ROAD LAKE WORTH FL		2a. Mailing Address 4801-9 JOG ROAD LAKE WORTH FL		3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report
21. State: Apt. # etc.	26. State: Apt. # etc.	4. FEI Number 65 0526165	Applied For Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
24. City	25. Country	29. City	30. Country	8. This corporation has liability for adaptability tax under S. 193.012 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

COHEN, JEFFREY SCOT
4801-9 JOG ROAD
LAKE WORTH FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.052 and 607.1408, 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 607.052, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D COHEN, JEFFREY SCOT 4801-9 JOG ROAD LAKE WORTH FL		13.1 NAME PRESIDENT	☐ Change ☐ Addition
12.2 NAME		13.2 NAME	☐ Change ☐ Addition
12.3 NAME		13.3 NAME	☐ Change ☐ Addition
12.4 NAME		13.4 NAME	☐ Change ☐ Addition
12.5 NAME		13.5 NAME	☐ Change ☐ Addition
12.6 NAME		13.6 NAME	☐ Change ☐ Addition
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 NAME		13.8 NAME	☐ Change ☐ Addition
12.9 NAME		13.9 NAME	☐ Change ☐ Addition
12.10 NAME		13.10 NAME	☐ Change ☐ Addition

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 193.012(5)(b), Florida Statutes. I further certify that the information included on this annual report or semi-annual 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 registered agent or broker employed to prepare this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director of the corporation.

SIGNATURE:

(Signature of Officer or Director)