

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
GOVERNOR
JENNIFER A. MURPHY
COMMISSIONER

APPROVED
AND
FILED

DOCUMENT # P94000073960 (4)

NATIONWIDE MEDICAL MANAGEMENT ASSOCIATES, INC.

MAY 22 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 1911 N.E. 197TH TERRACE N. MIAMI BEACH FL 33179		2a. Mailing Address 1911 N.E. 197TH TERRACE N. MIAMI BEACH FL 33179	
2. Principal Place of Business 21. State Apt # etc 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. State Apt # etc 27. City & State 28. Zip 29. Country	
3. Date of Registration of Qualification 10/03/1994		3a. Date of Last Report	
4. FEI Number 65-0529216		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. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent MITCHEL, STEVEN J ESO. 2700 MUSEUM TOWER 150 W. FLAGLER ST. MIAMI FL 33130		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 2990 International Place 83. 100 SE Second ST 84. City MIAMI FL 33131 FL 85. Zip Code 33131	
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11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MITCHEL, MONROE DIRECTOR 1911 N.E. 197TH TERRACE N. MIAMI BEACH FL 33179		1. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		7. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		8. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		9. TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		10. TITLE ☐ 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 110.07(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 an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Monroe Mitchel MONROE MITCHEL 5/17/95 (305) 937-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
Secretary of State
(850) 413-1000 (TOLL FREE 1-800-352-7622)

DOCUMENT # **P94000074164 (2)**

DC SERVICES GROUP, INC.

APPROVED
AND
FILED

MAY 22 1995 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12508 FOREST HILLS DRIVE TAMPA FL 33612		Mailing Address 12508 FOREST HILLS DRIVE TAMPA FL 33612		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1994	
21. State, Apt # etc.		26. State, Apt # etc.		3a. Date of Last Report	
22. City & State		27. City & State		4. FEI Number 59-3278375	
23. Country		28. Country		Applied For Not Applicable	
24. State		29. State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81. Name STEPHEN R TURK	
				82. Street Address if P.O. Box Number is Not Acceptable 12508 FOREST HILLS DR	
				83. City	
				84. State FL	
11. Pursuant to the provisions of Sections 609.004 and 609.1508, 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 registered agent under Chapter 609, Florida Statutes.				85. Zip Code 33612	
SIGNATURE: <i>Stephen R. Turk</i> STEPHEN R TURK 5/9/95					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME TURK, STEPHEN R				1. NAME ☐ Change ☐ Addition	
2. STREET ADDRESS 12508 FOREST HILLS DRIVE				2. STREET ADDRESS	
3. CITY, ST, ZIP TAMPA FL 33612				3. CITY, ST, ZIP	
4. NAME CHARLENE TURK Sec				4. NAME ☐ Change ☐ Addition	
5. STREET ADDRESS 12508 FOREST HILLS DR				5. STREET ADDRESS	
6. CITY, ST, ZIP TAMPA FL 33612				6. CITY, ST, ZIP	
7. NAME				7. NAME ☐ Change ☐ Addition	
8. STREET ADDRESS				8. STREET ADDRESS	
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253. NAME				253. NAME ☐ Change ☐ Addition	
254. STREET ADDRESS				254. STREET ADDRESS	
255. CITY, ST, ZIP				255. CITY, ST, ZIP	
256. NAME					

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

1995



DOCUMENT # P94000074838 (1)

ROSINVAR, INC.

APPROVED

2600 DOUGLAS ROAD, SUITE 400/401
CORAL GABLES FL 33134

2600 DOUGLAS ROAD, SUITE 400/401
CORAL GABLES FL 33134

21. 848 BRICKELL AV. 26. 848 BRICKELL AV.
22. 210 27. 210
23. MIAMI FL 28. MIAMI FL
24. 33131 25. DDE 29. 33131 30. DDE

3. 10/10/1994 3a. 650542387
4. \$8.75 Additional Fee Required
5. \$5.00 May Be Added to Fees
6. ☒ Yes ☐ No

RIOFRIO, MANUEL V
2600 DOUGLAS ROAD, SUITE 400/401
CORAL GABLES FL 33134

81. FELIPE VALDOSPINO
82. 848 BRICKELL AV.
83. SUITE 210
84. MIAMI FL 85. 33131

11. I, the undersigned, do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption provided in the Florida Statutes, Chapter 217, Section 217.01, Florida Statutes.

SIGNATURE: [Signature]

5/17/95

12. PSTD
VALDOSPINO, FELIPE
REINA VICTORIA 1539 Y COLON
QUITO, ECUADOR

13. [Table with columns for Name, Address, and other details]

14. I, the undersigned, do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption provided in the Florida Statutes, Chapter 217, Section 217.01, Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 (305) 3582442

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



1995

DOCUMENT # **P94000075701 (0)**

THIELMAN BAY ESTATES LIMITED, INC.

APPROVED
AND
FILED

15

FLORIDA

2 SOUTH BISCAYNE BOULEVARD
SUITE 3270, 1 BISCAYNE TOWER
MIAMI FL 33131

2 SOUTH BISCAYNE BOULEVARD
SUITE 3270, 1 BISCAYNE TOWER
MIAMI FL 33131

3. Date of report: 10/14/1994 3a. Date of last report:

2. <u>Leslie Alan Breenling, P.A.</u>	2a. <u>Leslie Alan Breenling, P.A.</u>
21. <u>Leslie Alan Breenling, P.A.</u>	26. <u>Leslie Alan Breenling, P.A.</u>

4. 111-100000 65-0559708 Aggrieved Not Aggrieved

22	5/11/14	27	5/11/14	5. Cost of Goods of Subject Document	\$875 Additional Fee Required
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22	21	6. The two Campaigns (organized by the City of Chicago)	\$5.00 May Be Added to Fees
23	20		

24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROZENCWAG, LESLIE A. ESQ.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3270, 1 BISCAYNE TOWER
MIAMI FL 33131

81	14,000	
82	Edward Archibute, 1911 - 1912	
83		
84	1912	FL 85 1/4 1912

11. I certify that the information I have furnished is true, correct and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

For the Under Secretary

[illegible]

14. The company certifies that the information supplied with this filing is voluntarily furnished, is true and reliable, for the period(s) stated and has been prepared in accordance with the instructions to the annual report or supplementary statement of the company and is available and has been prepared in accordance with the same legal effect and such other facts that are available or change the true representation of the company or the company's assets to enable the report as required by Chapter 16 of the Companies Act, 2006 and that the company is aware of the fact that it is liable to be convicted on any other ground on an offence.

SIGNATURE: Eric Santol by Loche Han for my attorney-in-fact

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000075766 (3)**

FLORIDA STORMWATER TREATMENT, INC.

COMMENCED: 11/10/93

INCORPORATED: 11/10/93
ORLANDO, FLORIDA

Principal Place of Business: **109 NORTHBROOK LANE
ORMOND BEACH FL 32174**
Mailing Address: **109 NORTHBROOK LANE
ORMOND BEACH FL 32174**

ENTER HERE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date for certificate to be filed		3a. Date of Last Report	
21		26		10/12/1994			
Suite, Apt. # etc.		Suite, Apt. # etc.		4. FIC Number		Applied For	
22		27		59-3273256		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		[] \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		[] \$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**VEDDER, JOHN E JR
109 NORTHBROOK LANE
ORMOND BEACH FL 32174**

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 607.01(4) 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 607.01(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

ATTEST

12. OFFICERS AND DIRECTORS			13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)		
1. TITLE	P	1. TITLE			[] Change [] Addition
2. NAME	VEDDER, JOHN E JR	2. NAME			
3. STREET ADDRESS	109 NORTHBROOK LANE	3. STREET ADDRESS			
4. CITY & STATE	ORMOND BEACH FL 32174	4. CITY & STATE			
5. TITLE	VST	5. TITLE			[] Change [] Addition
6. NAME	VEDDER, MATTHEW K	6. NAME			
7. STREET ADDRESS	109 NORTHBROOK LANE	7. STREET ADDRESS			
8. CITY & STATE	ORMOND BEACH FL 32174	8. CITY & STATE			
9. TITLE		9. TITLE			[] Change [] Addition
10. NAME		10. NAME			
11. STREET ADDRESS		11. STREET ADDRESS			
12. CITY & STATE		12. CITY & STATE			
13. TITLE		13. TITLE			[] Change [] Addition
14. NAME		14. NAME			
15. STREET ADDRESS		15. STREET ADDRESS			
16. CITY & STATE		16. CITY & STATE			
17. TITLE		17. TITLE			[] Change [] Addition
18. NAME		18. NAME			
19. STREET ADDRESS		19. STREET ADDRESS			
20. CITY & STATE		20. CITY & STATE			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law No. 135 (1976), 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. That I am an officer or director of the corporation or the director or founder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. VEDDER, JR

5/16/95 904677-4100

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

CORPORATION
ANNUAL REPORT
1995



NOT A REQUIREMENT OF STATE
UNLESS SO INDICATED
BY THE BOARD OF REGISTRATION

DOCUMENT # P94000076842 (1)

CHARLTON INVESTMENTS, INC.

APPROVED
10/3

10/19/1994

10/19/1994

BARNETT ROBINSON JR. P.A.
2255 GLADES RD. SUITE 319 ATRIUM
BOCA RATON FL 33431

BARNETT ROBINSON JR. P.A.
2255 GLADES RD. SUITE 319 ATRIUM
BOCA RATON FL 33431

2. Principal Office of Business 21. <u>1625 Lands End Road</u>		26. <u>1625 Lands End Road</u>		4. Filing Date <u>6-5-0533721</u>		38. Date of Last Report <u>10/19/1994</u>	
22. <u>Manalapan FL</u>		27. <u>Manalapan, FL</u>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Expenses Total Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. <u>33462</u>		28. <u>45A</u>		29. <u>33462</u>		30. <u>45A</u>	

9. Name and Address of Current Registered Agent

BARNETT ROBINSON, JR., P.A.
2255 GLADES RD.
SUITE 319 ATRIUM
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name KATHLEEN L. CHARLTON
82. Street Address (P.O. Box Number is Not Acceptable) 1625 Lands End Road
83.
84. City Manalapan FL 85. Zip Code 33462

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation hereby, this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida, has authorized the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the new registered agent.

SIGNATURE Kathleen L. Charlton

5-19-95

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME		NAME	<u>P/D</u>
STREET ADDRESS		STREET ADDRESS	<u>CHARLTON, KATHLEEN L.</u>
CITY		CITY	<u>1625 Lands End Road</u>
NAME		NAME	<u>Manalapan, FL 33462</u>
STREET ADDRESS		STREET ADDRESS	<u>S/T</u>
CITY		CITY	<u>DEAN, LENORE A.</u>
NAME		NAME	<u>1625 Lands End Road</u>
STREET ADDRESS		STREET ADDRESS	<u>Manalapan, FL 33462</u>
CITY		CITY	<u>A/S</u>
NAME		NAME	<u>RAYMOND, PAMELA K.</u>
STREET ADDRESS		STREET ADDRESS	<u>2255 Glades Road, Suite 319A</u>
CITY		CITY	<u>Boca Raton, FL 33431</u>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I hereby certify that the information required with this filing is truthfully furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate, and that my corporation shall have the same legal effect as if made under oath. (If you are officer or director of this corporation or the new or former registered agent, you must sign this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an officer report with an address.)

SIGNATURE: Kathleen L. Charlton
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5-19-95

