

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000075407 (4)

To: Corporation Name
JARH, INC.

**APPROVED
AND
FILED**

95 MAY 22 PM 2:33

COUNTY CLERK
TALLAHASSEE, FLORIDA

Principal Place of Business: **6170 N.W. 76TH COURT
PARKLAND FL 33067**
Mailing Address: **6170 N.W. 76TH COURT
PARKLAND FL 33067**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business: **21 1800 Eller Drive
26 Suite 100
27 Fort Lauderdale FL
28 33816
29 LISA
30**

3. Date incorporated or created: **10/13/1994**
3a. Date of Last Report: **10/13/1994**
4. F.E.B. Number: **65-0531023**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**
7. Florida Corporate Income Tax: ☐ **Yes** ☒ **No**

9. Name and Address of Current Registered Agent: **PEARLMAN, JANICE
6170 NORTHWEST 76TH
PARKLAND FL 33067**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number):
83 City:
84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 881.01(4)(b) and 887.15(9)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed on both in this state of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am hereby authorized to accept the obligations of Section 887.05(9)(b), Florida Statutes.

SIGNATURE: _____ By: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	DP PEARLMAN, JANICE 6170 N.W. 76TH COURT PARKLAND FL 33067	1.1 NAME	☐ Change ☐ Addition
2. NAME	DST PEARLMAN, HARVEY 6170 N.W. 76TH COURT PARKLAND FL 33067	2.1 NAME	☐ Change ☐ Addition
3. NAME		3.1 NAME	☐ Change ☐ Addition
4. NAME		4.1 NAME	☐ Change ☐ Addition
5. NAME		5.1 NAME	☐ Change ☐ Addition
6. NAME		6.1 NAME	☐ Change ☐ Addition
7. NAME		7.1 NAME	☐ Change ☐ Addition
8. NAME		8.1 NAME	☐ Change ☐ Addition
9. NAME		9.1 NAME	☐ Change ☐ Addition
10. NAME		10.1 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: X *Janice Pearlman* 4/24/95 (305) 753-6565

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER MURPHY
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **P94000075919 (8)**

1. Corporation Name

BTW INC.

6/13/95 5:13:33

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business

**1622 N.E. 4TH STREET
BOYNTON BEACH FL 33435**

Mailing Address

**1622 N.E. 4TH STREET
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified)

10/13/1994

3a. Date of Last Report

4. FEI Number

FEI-65-0524304

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. 192-142,

Florida Statutes.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TOMBERG, JEFF ESQ.
626 S.E. 4TH AVENUE
BOYNTON BEACH FL 33435**

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 Subchapter C, Section 144.07, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for public use in the state of Florida. The change is hereby authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am General Agent and accept this appointment. I am General Agent. Florida Statutes.

SIGNATURE

**D
TOMBERG, JEFF
626 S.E. 4TH STREET
BOYNTON BEACH FL 33435**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN %)

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. NAME

7. STREET ADDRESS

8. CITY

9. STATE

10. ZIP CODE

11. NAME

12. STREET ADDRESS

13. CITY

14. STATE

15. ZIP CODE

16. NAME

17. STREET ADDRESS

18. CITY

19. STATE

20. ZIP CODE

21. NAME

22. STREET ADDRESS

23. CITY

24. STATE

25. ZIP CODE

26. NAME

27. STREET ADDRESS

28. CITY

29. STATE

30. ZIP CODE

SIGNATURE: **X**

SIGNATURE AND TYPE 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
Barbara B. Moxham
Secretary of State
Division of CORPORATE AFFS

APPROVED
AND
FILED

SEP 17 1995

SEP 17 1995

DOCUMENT # P94000076632 (6)

1. Corporation Name

MICHAEL TSCHADA, INC.

Principal Place of Business

7500 N.W. 30TH PLACE, SUITE 306
SUNRISE FL 33313

Mailing Address

7500 N.W. 30TH PLACE, SUITE 306
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report

4. FID Number

65-0529903

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. 193 (FS)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. State, Apt. #, etc.

25. Country

29. State, Apt. #, etc.

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSCHADA, MICHAEL
7500 N.W. 30TH PLACE, SUITE 306
SUNRISE FL 33313

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
TSCHADA, MICHAEL
7500 N.W. 30TH PLACE, SUITE 306
SUNRISE FL 33313

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ 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 the laws of the State of Florida. I further certify that the information supplied on this annual report or supplementary annual report is true and correct, 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 empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1.1-1.4 changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
Secretary of State
UNIVERSITY OF COMMERCE BUILDING

RECEIVED
FEB 10 1996

02:00 PM '96

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076919 (7)

To: Corporation Name

HUMAN RESOURCE EFFECTIVENESS, INC.

Principal Place of Business
**11283 161ST ST. NORTH
JUPITER FL 33478**

Mailing Address
**11283 161ST ST. NORTH
JUPITER FL 33478**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **10/19/1994** 3a. Date of Last Report

4. FEI Number **75-0526910** 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 not yet been exempted from the tax under 219.002, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt., etc.

22. City & State

23. Zip

2a. Mailing Address

25. **6230 W. INDIANTOWN RD**

27. **SUITE # 7-312**

28. City & State

29. **JUPITER**

30. **FLORIDA BEACH**

9. Name and Address of Current Registered Agent

**STEFFER, KRISTINA F
11283 161 ST. NORTH
JUPITER FL 33478**

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 607.05(2) and 607.12(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or 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 obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

AT:

12. OFFICERS AND DIRECTORS

1. NAME	D
2. NAME	STEFFER, KRISTINA F
3. STREET ADDRESS	11283 161 ST. NORTH
4. CITY & STATE	JUPITER FL 33478
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	
8. NAME	
9. STREET ADDRESS	
10. CITY & STATE	
11. NAME	
12. STREET ADDRESS	
13. CITY & STATE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

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 1907(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 business empowered to make this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 on Block 13 of this report or on an attached list with an address.

SIGNATURE: *Kristina F. Steffer*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**X 4/8/95 (407)
746 3137**

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

APR 20 PM 2:32

DOCUMENT # P94000077028 (6)

1. Corporation Name

A PERFECT FINISH, INC.

STATE OF FLORIDA
DIVISION OF CORPORATIONS

Principal Place of Business

3114 WEST BURKE ST
TAMPA FL 33614

Mailing Address

3114 WEST BURKE ST
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 7500 Ulmerton Rd.

2a. Mailing Address

26

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

27

City & State

23 Largo, FL

City & State

28

Zip

24 34641

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-3275838

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. 199.022,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, LOIS A
3114 WEST BURKE ST.
TAMPA FL 33614

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 607.0507 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (signature required if not the corporation)

1340

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	JORDAN, LOIS A
STREET ADDRESS	3114 WEST BURKE ST.
CITY, ST, ZIP	TAMPA FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I understand that the information indicated on this annual report or supplemental annual report is subject to audit by the Department of State. I understand that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 of Block 1 of this filing or on an attachment with an address.

SIGNATURE: *Lois Ann Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOIS ANN JORDAN

4/8/95

(813)530-0707

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Division of Corporations

APPROVED
AND
FILED

1995 APR 21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077336 (3)**

To: Corporation of Record

B & E PRODUCTIONS, INC.

Principal Office of Corporation

Mailing Address

8857 SANDUSKY AVENUE SOUTH
JACKSONVILLE FL 32216

POST OFFICE BOX 16592
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/20/1994

4. FEI Number 59-3275864

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 delinquent taxes under Chapter 207, Florida Statutes ☐ Yes ☐ No

2. Principal Office of Corporation

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

City & State

City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, TERESA F
8857 SANDUSKY AVENUE SOUTH
JACKSONVILLE FL 32216

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 607.0902 and 607.1308, 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 Sections 607.0903, Florida Statutes.

SIGNATURE

(If the current registered agent is a corporation, the signature of an authorized officer or director is required.)

(If the new registered agent is a corporation, the signature of an authorized officer or director is required.)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PSTD BENNETT, TERESA F
2. STREET ADDRESS	8857 SANDUSKY AVENUE SOUTH
3. CITY & STATE	JACKSONVILLE FL 32216
4. TITLE	
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	
8. TITLE	
9. NAME	
10. STREET ADDRESS	
11. CITY & STATE	
12. TITLE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. TITLE	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. TITLE	

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(6)(b), 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 receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE: **TERESA F. Bennett** *Teresa F. Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President*

4-22-95 (904) 724-2400