

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:41

DOCUMENT # **P94000076100 (4)**

1. Corporation Name

HIGHWAY MICRO SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2541 COOLIDGE AVE
ORLANDO FL 32804

Mailing Address

2541 COOLIDGE AVE
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2b. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

59-3276787

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

23
City & State

27
City & State

24
Zip

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

KIPI, JEFFREY T
1759 W BROADWAY SUITE 8
OVIDO FL 32765

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) (Typed Name) (Typed Name) (Typed Name) (Typed Name)

(Signature) (Typed Name) (Typed Name) (Typed Name) (Typed Name)

(Typed Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE: D
112 NAME: HEFFERNAN, EDWARD J
113 STREET ADDRESS: 473 TIMBERWOOD TRAIL
114 CITY, ST, ZIP: OVIDO FL 32765

115 TITLE: Change Addition
116 NAME:
117 STREET ADDRESS:
118 CITY, ST, ZIP: Change Addition

121 TITLE: D
122 NAME: HEFFERNAN, FLORENCE
123 STREET ADDRESS: 473 TIMBERWOOD TRAIL
124 CITY, ST, ZIP: OVIDO FL 32765

125 TITLE: Change Addition
126 NAME:
127 STREET ADDRESS:
128 CITY, ST, ZIP: Change Addition

131 TITLE:
132 NAME:
133 STREET ADDRESS:
134 CITY, ST, ZIP:

135 TITLE: Change Addition
136 NAME:
137 STREET ADDRESS:
138 CITY, ST, ZIP: Change Addition

141 TITLE:
142 NAME:
143 STREET ADDRESS:
144 CITY, ST, ZIP:

145 TITLE: Change Addition
146 NAME:
147 STREET ADDRESS:
148 CITY, ST, ZIP: Change Addition

151 TITLE:
152 NAME:
153 STREET ADDRESS:
154 CITY, ST, ZIP:

155 TITLE: Change Addition
156 NAME:
157 STREET ADDRESS:
158 CITY, ST, ZIP: Change Addition

161 TITLE:
162 NAME:
163 STREET ADDRESS:
164 CITY, ST, ZIP:

165 TITLE: Change Addition
166 NAME:
167 STREET ADDRESS:
168 CITY, ST, ZIP: 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 111.07(3)(b), Florida Statutes. I further certify that the information included in 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Edward J. Heffernan

EDWARD J. HEFFERNAN

1/11/95

(407) 423-7070

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date) (Telephone Number)

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McMillan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

APR 11 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076552 (6)**

1. Corporation Name

APOGEE FINANCIAL GROUP, INC.

2. Principal Place of Business

**11 RACETRACK RD
SUITE E-1
FT. WALTON BEACH FL 32547**

2a. Mailing Address

**11 RACETRACK RD.
SUITE E-1
FT. WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

10/17/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3270675

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

8. This corporation has liability for intangible tax under § 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYRICK, DONALD R
511 CIRCLE DR.
FT. WALTON BEACH FL 32547**

81 Name

82 Street Address #10, Box Number & Not Acceptable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by this corporation's Board of Directors. I hereby accept the appointment as registered agent in accordance with and subject to the provisions of Sections 607.01(2) and 607.15(2), Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent (Print Name)

Signature of the New Registered Agent (Print Name)

86

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

**PD
MYRICK, DONALD R
511 CIRCLE DR.
FT. WALTON BEACH FL 32547**

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP CODE

Change Addition

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

**STD
GARRISON, DONALD L
416 TANGLEWOOD
FT. WALTON BEACH FL 32548**

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP CODE

Change Addition

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP CODE

Change Addition

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP CODE

Change Addition

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP CODE

Change Addition

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP CODE

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 199.07(3)(b), Florida Statutes. I further certify that the information submitted 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 Section 6 of this Report of Change of an Attachment with an address.

SIGNATURE: *Donald L. Garrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald L. Garrison

28 Apr 95 (904) 862-7606

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CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

COMM - 1 JUN 00
LETTERS TO STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076904 (9)**

1. Corporation Name
ROTEX BOAT WORKS, INC.

Principal Place of Business: **851 N.E. DIXIE HIGHWAY JENSEN BEACH FL 34957**
Mailing Address: **851 N.E. DIXIE HIGHWAY JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated by Certificate: **10/17/1994**
36. Date of Last Report: _____
4. FEI Number: **65-0531550**
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 subsequent tax under § 198.002, Florida Statutes: Yes No

2. Previous Name of Corporation: _____
26. Mailing Address: _____
21. State: Apt. # etc.: _____
27. State: Apt. # etc.: _____
22. City & State: _____
23. City & State: _____
24. City: _____
25. County: _____
29. City: _____
30. County: _____

9. Name and Address of Current Registered Agent
**GANTNER, PETER
15863 78TH DR. NORTH
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.01(3)(b), 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 607.01(3)(b), Florida Statutes.

SIGNATURE: _____
Signature of Registered Agent of corporation: _____
Signature of Registered Agent of corporation: _____

12. OFFICERS AND DIRECTORS

12.1	NAME	STREET ADDRESS	CITY, ST, ZIP
12.2	NAME	STREET ADDRESS	CITY, ST, ZIP
12.3	NAME	STREET ADDRESS	CITY, ST, ZIP
12.4	NAME	STREET ADDRESS	CITY, ST, ZIP
12.5	NAME	STREET ADDRESS	CITY, ST, ZIP
12.6	NAME	STREET ADDRESS	CITY, ST, ZIP
12.7	NAME	STREET ADDRESS	CITY, ST, ZIP
12.8	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and that, not equally for the exemption stated in Section 198.002(1)(b), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report is true and accurate and that the registrant shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or transfer agent named by executing this report as required by Chapter 137, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an official report with an address.

SIGNATURE: **Peter Gantner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (407) 334-5488