

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

INFORMATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

AD-100000
200

DOCUMENT # P94000077805 (7)

INNOVATIVE BUSINESS MATTERS, INC.

JULY 23 / AUG 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
3170 N FEDERAL HWY SUITE 115 LIGHTHOUSE POINT FL 33064	3170 N FEDERAL HWY SUITE 115 LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation 10/24/1994	3a. Date of Last Report 10/24/1994
2. Filing Number 65-0545119	3b. Date of Last Report 10/24/1994
21. Principal Office Address 2601 EAST OAKLAND BLVD THIRD FLOOR FORT LAUDERDALE, FL 33306	22. Mailing Address 2601 EAST OAKLAND BLVD THIRD FLOOR FORT LAUDERDALE, FL 33306
23. City and State FORT LAUDERDALE, FL	24. State FL
25. Name of Registered Agent PORTLEY, PETER A	26. Name of Registered Agent PORTLEY, PETER A
27. City and State FORT LAUDERDALE, FL	28. State FL
29. Name of Registered Agent PORTLEY, PETER A	30. Name of Registered Agent PORTLEY, PETER A
31. City and State FORT LAUDERDALE, FL	32. State FL

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent PORTLEY, PETER A 2401 E ATLANTIC BLVD SUITE 410 POMPANO BEACH FL 33062	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. City 84. State 85. Zip Code
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I, the undersigned, do hereby certify that the provisions of sections 607.0502 and 607.1505, Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office from the old 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 not a director or officer of the corporation.

Signature of Registered Agent: PORTLEY, PETER A
Signature of Secretary of State: Sandra B. Martinez

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS
DP LAMBERT, ERIC L 3170 N FEDERAL HWY SUITE 115 LIGHTHOUSE POINT FL 33064	1. NAME 2. STREET ADDRESS 3. CITY AND STATE 4. NAME 5. STREET ADDRESS 6. CITY AND STATE
DV ANGELONE, RICCARDO E 3170 N FEDERAL HWY LIGHTHOUSE POINT FL 33064	1. NAME 2. STREET ADDRESS 3. CITY AND STATE 4. NAME 5. STREET ADDRESS 6. CITY AND STATE
VT HAGE, ELIE 3170 N FEDERAL HWY LIGHTHOUSE POINT FL 33064	1. NAME 2. STREET ADDRESS 3. CITY AND STATE 4. NAME 5. STREET ADDRESS 6. CITY AND STATE

I, the undersigned, do hereby certify that the information supplied with this form is true and correct and that the corporation is in good standing and that the corporation has paid all taxes and fees due and that the corporation has not been dissolved or liquidated and that the corporation has not been reorganized or changed its name or its address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # P94000078283 (6)

PRIME CONCERN KOSHER FOODS, INC.

APPROVED
AND
FILED

10/15/1994

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8208 GLADES ROAD
BOCA RATON FL 33434

Mailing Address

8208 GLADES ROAD
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 10/19/1994	3a. Date of last report N/A
4. FID Number 65-0537782	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 191.06, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business 21. 8208 Glades Road 22. Boca Raton, FL 23. 33434	2a. Mailing Address 26. 8208 Glades Road 27. Boca Raton, FL 28. 33434
--	---

Registered Agent

**WENZEL, KENNETH A
880 N. FEDERAL HWY
SUITE 440
BOCA RATON FL 33432**

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 607.0807 and 607.0808, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 Section 607.0805, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0807 and 607.0808, Florida Statutes. I further certify that the information submitted on the 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 agent designated to prepare the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I do not understand or intend to file this filing with an addition.

SIGNATURE: *Elliot Loewenstern*
Vice President

305-351-4200

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MORTIMER
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **P94000078436 (0)**

1. Issued On: 04/10/95

SUNRISE INTERNATIONAL PRODUCTIONS CORP.

APPROVED
AND
FILED
19 MAY 20 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office: Tallahassee
**1445 ALTON RD
MIAMI BEACH FL 33139**

Mailing Address:
**1445 ALTON RD
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/25/1994			
2. Principal Office of Corporation		2a. Mailing Address		4. FEI Number		Applied For / Not Applicable	
22		27		65-0531466			
23		28		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
25		30		6. This corporation is also subject to the provisions of Chapter 12, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABDESSALEM, MEHADHBI
1445 ALTON RD
MIAMI BEACH FL 33139**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 86 Zip Code

11. Pursuant to the provisions of Sections 607.0403 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 607.0403, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or other person authorized to sign)

(Signature of Registered Agent or other person authorized to sign)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D ABDESSALEM, MEHADHBI 1445 ALTON RD MIAMI BEACH FL 33139	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY AND STATE		13.3 CITY AND STATE	☐ Change ☐ Addition
12.4 NAME		13.4 NAME	
12.5 STREET ADDRESS		13.5 STREET ADDRESS	☐ Change ☐ Addition
12.6 CITY AND STATE		13.6 CITY AND STATE	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY AND STATE		13.9 CITY AND STATE	☐ Change ☐ Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	☐ Change ☐ Addition
12.12 CITY AND STATE		13.12 CITY AND STATE	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY AND STATE		13.15 CITY AND STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

05/18/95

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LAWRENCE H. MONTAGNA
Secretary of State
Office of the Secretary of State

APPROVED
AND
FILED

MAY 22 1995 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078526 (8)**

1. Incorporation State

FIBERGLASS SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**11000 METRO PARKWAY SUITE 20
FT. MYERS FL 33912**

**11000 METRO PARKWAY SUITE 20
FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
10/26/1994

3a. Date of Last Report

4. FID Number
65-0532149

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 applied for exemption from annual report
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Scale App # etc

Scale App # etc

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITENER, MICHAEL D
11000 METRO PARKWAY SUITE 20
FT. MYERS FL 33912**

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 607.1508 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 607.0508 Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent for the Corporation

Signature of Registered Agent or Registered Agent for the Corporation

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS BY 12

12.1 NAME STREET ADDRESS CITY, ST, ZIP	D WHITENER, MICHAEL D 11000 METRO PARKWAY SUITE 20 FT. MYERS FL 33912
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	
12.9 NAME STREET ADDRESS CITY, ST, ZIP	
12.10 NAME STREET ADDRESS CITY, ST, ZIP	

13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.9 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.10 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, 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 empowered to make this report as required by Chapter 447 Florida Statutes, and that my name appears as Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

Michael D Whitener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (813) 275-9880

APPROVED
200

RECEIVED
JAN 10 1968
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

~~PL-000000-000000~~
~~XXXXXXXXXX~~

THE UNIVERSITY OF CHICAGO

26 4960 SW 52 ST.

#419

28 DAVIE, FL.

25 U.S.A.

33314

30 U.S.A.

9. Name and Address of Current Registered Agent

WEIGEL, KYLE L ESO
100 SE 2ND ST
SUITE 1700
MIAMI FL 33131

81	2011
82	2012

83

References

FI

55. 2000年10月1日起，凡在我国境内销售货物的单位和个人，均应按销售额的一定比例缴纳增值税。该比例是（ ）。
A. 17%
B. 13%
C. 11%
D. 9%

[illegible]

12. PRESIDENT/DIRECTOR
ROBERT A STAHL
8140 N.W. 67 AVE.
TAMARAC, FL 33321
SECRETARY/TREAS./DIRECTOR
VICTORIA L. STAHL
8140 N.W. 67 AVE.
TAMARAC, FL 33321

13. ADDITIONAL CHARGES FOR OFFICIALS AND EMPLOYEES		Amount	Actual

— **4. 2. 1. 1. 1.**

$\frac{1}{2}$

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1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

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- **U.S. GDP**

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④ : 4, 5, 6, 7

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[illegible]

SIGNATURE:

ROBERT STAHL

5-16-95

305-327-7258

INDICATE AND TYPE IN SHORT NAME OF SIGNING OFFICER OR DIVISION

0290165 CH