

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

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DOCUMENT # P94000080642 (9)

GIFTS BY BILLIE & IRIS, INC.

5/11/95 11:05

TALLAHASSEE, FLORIDA

4412 VENICE DRIVE
LAND O' LAKES FL 34639

4412 VENICE DRIVE
LAND O' LAKES FL 34639

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9. Name and Address of Current Registered Agent

DOWD, HENRY R
5141 EAGLE ISLAND DR
LAND O' LAKES FL 34639

3. 10/25/1994

4. 59-3277340

5. \$8.75 Additional Fee Required

6. \$5.00 May Be Added to Fees

6. X

10. Name and Address of New Registered Agent

01
02
03
04

FL 185

11.

12.
D
GILL, BILLIE S
4412 VENICE DRIVE
LAND O' LAKES FL 34639
D
BENIK, IRIS G
4412 VENICE DRIVE
LAND O' LAKES FL 34639

13.

14.

SIGNATURE:

Billie S Gill
SIGNATURE AND TYPE IN THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/95 5:39

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DOCUMENT # P94000081351 (6)

LANG CAPITAL ASSOCIATES, INC.

APPROVED

11/04/1994

FL 85

13575 58TH STREET NORTH
CLEARWATER FL 34620

13575 58TH STREET NORTH
CLEARWATER FL 34620

3. 11/04/1994 3a. FIRST REPORT

4. 06-1360969

5. \$8.75 Additional Fee Required

6. \$5.00 May Be Added to Fees

8. X

21 22 23 24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

81 82 83 84 FL 85

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as filed with the Secretary of State.

12. D
LANG, JOHN
13575 58TH STREET NORTH
CLEARWATER FL 34620

13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

SIGNATURE:

John Lang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FEE IN CONJUNCTION

4-27-95 813-538-4153

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DOCUMENT # P94000081621 (2)

DEL RIO SHOES, INC.

3302 W. DR. MARTIN LUTHER KING JR. BLVD
STE. 2034
TAMPA FL 33607

3302 W. DR. MARTIN LUTHER KING JR. BLVD
STE. 2034
TAMPA FL 33607

21 1518 Sakonnet Ct

26 1518 Sakonnet Ct

23 Brandon, FL

28 Brandon, FL

24 33511 25 USA

29 33511 30 USA

9. Name and Address of Current Registered Agent

DEL RIO, JUANITA
3302 W. DR. MARTIN LUTHER KING JR. BLVD.
STE. 2034
TAMPA FL 33607

3 11/04/1994 3a N/A
4 59-3280819
5 \$8.75 Additional Fee Required
6 \$5.00 May Be Added to Fees
8

10. Name and Address of New Registered Agent

81 DEL RIO, JUANITA
82 1518 Sakonnet Ct
83
84 Brandon FL 33511

11. I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am the duly authorized representative of the registrant.

12 D
DEL RIO, JUANITA
1518 SAKONNET COURT
BRANDON FL 33511

13 D/VP/ST
DEL RIO, JUANITA
1518 SAKONNET COURT
BRANDON, FL 33511
P/D DEL RIO, HERNANDO
1518 SAKONNET CT
BRANDON, FL 33511

14. I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am the duly authorized representative of the registrant.

SIGNATURE:

Hernando Del Rio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER IS REQUIRED

4-25-95 (313) 661-0805

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FLORIDA
ARTIFICIAL LIMBS

1995



DOCUMENT # P94000081634 (5)

COMET DAY CARE CENTER, INC.

288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

| | | | |
|-------------------|-----------|------------------|-------------------|
| 2. Date of Filing | 2a. Month | 3. Date of Birth | 3a. Date of Birth |
| 21 | 26 | 11/07/1994 | |
| 22 | 27 | 65-0538404 | |
| 23 | 28 | | |
| 24 | 29 | | |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

| | |
|--------------------|-----------|
| 81. Name | 85. State |
| 82. Street Address | FL |
| 83. City | |
| 84. Zip | |

11. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

12. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

| | |
|----------|-------------|
| 13. Name | 14. Address |
| 13.1 | 14.1 |
| 13.2 | 14.2 |
| 13.3 | 14.3 |
| 13.4 | 14.4 |
| 13.5 | 14.5 |
| 13.6 | 14.6 |
| 13.7 | 14.7 |
| 13.8 | 14.8 |
| 13.9 | 14.9 |
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| 13.12 | 14.12 |
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| 13.16 | 14.16 |
| 13.17 | 14.17 |
| 13.18 | 14.18 |
| 13.19 | 14.19 |
| 13.20 | 14.20 |

14. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: *Steven Wolf* STEVEN WOLF 4/26/95 407 496 1280

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DOCUMENT # P94000081648 (5)

EARTH SHINE CORPORATION

1208 ORANGE ISLE
FT. LAUDERDALE FL 33315

1208 ORANGE ISLE
FT. LAUDERDALE FL 33315

11/04/1994

65-0548925

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JAKOBOWSKI, WALTER T
1208 ORANGE ISLE
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

FL

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original of the documents filed for the purpose of this application and that the same are in conformity with the provisions of the laws of the State of Florida relating to the filing of such documents.

12. P
JAKOBOWSKI, WALTER T
1208 ORANGE ISLE
FT. LAUDERDALE FL 33315

P
JAKOBOWSKI, JUDITH E
1208 ORANGE ISLE
FT. LAUDERDALE FL 33315

VP
James Kiley
14101 N. W. 4th St.
Sunrise, Fl. 33325

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original of the documents filed for the purpose of this application and that the same are in conformity with the provisions of the laws of the State of Florida relating to the filing of such documents.

SIGNATURE:

Walter T. Jakobowski

Walter T. Jakobowski

Apr. 20, 1995 305-523-5959

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DOCUMENT # P94000082129 (5)

GRACEY'S ITALIAN ICES, INC.

1301 MONUMENT ROAD
JACKSONVILLE FL 32216

1301 MONUMENT ROAD
JACKSONVILLE FL 32216

21 1301-7 Monument Rd
22
23 Jacksonville, FL
24 32225

9. Name and Address of Current Registered Agent

HUTCHENS, JAMES G JR
5991 CHESTER AVENUE
SUITE 209
JACKSONVILLE FL 32217

11. The undersigned hereby certifies that the foregoing is a true and correct copy of the original document filed with the Secretary of State.

12. D
SHEMENSKI, GRACE
1301 MONUMENT ROAD
JACKSONVILLE FL 32216

13.

1301-7 Monument Rd
Jacksonville, FL 32225

14. The undersigned hereby certifies that the foregoing is a true and correct copy of the original document filed with the Secretary of State.

SIGNATURE:

Grace Shemanski

SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED AGENT REQUIRED FOR

11/24/95 (901) 725-0899