

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P94000083679 (8)

ADVANCE INNOVATIVE TECHNOLOGY TRADING INC.

APPROVED
AND
FILED

95 MAY 23 11:02:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
12360 S.W. 132ND COURT
#101
MIAMI FL 33186

Mailing Address
12360 S.W. 132ND COURT
#101
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (2 digits)	3a. Term of Last Report
11/16/1994	
4. FEI Number	Applied For Not Applicable
65-0536225	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Certificate Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. This corporation has had a change of control since the last report as required by Florida Statutes	☒ Yes ☐ No

2. Principal Office Address	2a. Mailing Address
21. State, Apt. # or	26. State, Apt. # or
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

GRIMM, EUGENIO J
11250 S.W. 157TH COURT
MIAMI FL 33196

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
DANILO J GRIMM	33196
82. Street Address (P.O. Box Number is Not Acceptable)	
11250 S.W. 157TH COURT	
83. City	
MIAMI, FL	

11. Pursuant to the provisions of Sections 607.0902 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, thereby accept the appointment as registered agent. I am familiar with and accept the provisions of as herein set forth, Florida Statutes.

SIGNATURE: *Eugenio J. Grimm*

Signature of person authorized to sign report as required by Florida Statutes

5/16/95

12. OFFICERS AND DIRECTORS

1. NAME	2. NAME
3. STREET ADDRESS	4. STREET ADDRESS
5. CITY & STATE	6. CITY & STATE
7. ZIP	8. ZIP
9. NAME	10. NAME
11. STREET ADDRESS	12. STREET ADDRESS
13. CITY & STATE	14. CITY & STATE
15. ZIP	16. ZIP
17. NAME	18. NAME
19. STREET ADDRESS	20. STREET ADDRESS
21. CITY & STATE	22. CITY & STATE
23. ZIP	24. ZIP
25. NAME	26. NAME
27. STREET ADDRESS	28. STREET ADDRESS
29. CITY & STATE	30. CITY & STATE
31. ZIP	32. ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	2. NAME
3. STREET ADDRESS	4. STREET ADDRESS
5. CITY & STATE	6. CITY & STATE
7. ZIP	8. ZIP
9. NAME	10. NAME
11. STREET ADDRESS	12. STREET ADDRESS
13. CITY & STATE	14. CITY & STATE
15. ZIP	16. ZIP
17. NAME	18. NAME
19. STREET ADDRESS	20. STREET ADDRESS
21. CITY & STATE	22. CITY & STATE
23. ZIP	24. ZIP
25. NAME	26. NAME
27. STREET ADDRESS	28. STREET ADDRESS
29. CITY & STATE	30. CITY & STATE
31. ZIP	32. ZIP

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(4)(b), Florida Statutes, Chapter 119, 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 any officer or director of this 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 1, or Block 1 if changed, or on an attached form with an address.

SIGNATURE: *Daniilo J. Grimm*
NON-NIL AND TYPED ON PHOTOCOPY OF SIGNING OFFICER OR DIRECTOR

5/16/95 (305) 382-2497

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Whitman
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
AND
FILED

JUL 10 1996

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083895 (0)

1. Corporation Name

MANATEE ECLECTABLES, INC.

Principal Place of Business

P.O. BOX 19962
SARASOTA FL 34276-2962

Mailing Address

P.O. BOX 19962
SARASOTA FL 34276-2962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

State, Apt. #, etc.

22 7440 South Cass Cir.

City & State

23 Sarasota FL

Zip

24 34231

Locality

25 Sarasota

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Locality

30

4. FEI Number

105-0553113

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 (32),
Florida Statutes.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, MICHAEL
1800 2ND ST.
SUITE 850
SARASOTA FL 34236

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 607.06(2) 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 understand the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of Agent (print name, full name, and address)

Signature of Registered Agent (print name, full name, and address)

121

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

DPS
DICROSTA, MARY C
7440 S. CASS CIRCLE
SARASOTA FL 34231-7034

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

DVS
BARTELL, PHILIP B
5058 BRADENTON RD.
SARASOTA FL 34234

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 139.01(2)(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. I am an officer or director of this corporation or the receiver or trustee empowered to use 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:

Mary C. DiCrosta, Pres 5/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-923-3957

System 10000

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
1000 BANKERS BUILDING, SUITE 200
TALLAHASSEE, FLORIDA 32304

DOCUMENT # P94000083919 (8)

DATA FLOW MANAGEMENT, INC.

APPROVED
AND
FILED

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Corporation

Mailing Address

8905 POHOY AVE
SARASOTA FL 34231

PO BOX 884
OSPREY FL 34228-0884

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		11/16/1994			
22		27		4. FEI Number		Applied For	
23		28		65-0534581		Not Applicable	
24		29		5. Certificate of Status Desired		Not Applicable	
25		30		6. Election Campaign Financing		\$8.75 Additional Fee Required	
				7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LEWIS, LYNN A
8905 POHOY AVE
SARASOTA FL 34231

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 607.0501 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	
NAME	LEWIS, GLEN	2. NAME	
STREET ADDRESS	% 8905 POHOY AVE	3. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL 34231	4. CITY, ST, ZIP	
TITLE	DV	5. TITLE	
NAME	LEWIS, LYNN A	6. NAME	
STREET ADDRESS	% 8905 POHOY AVE	7. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL 34231	8. CITY, ST, ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		25. TITLE	
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY, ST, ZIP		28. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption states in Sections 119.02(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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form. That I changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN A LEWIS

5-20-95 (813) 946 6625
Date Signature