

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
Clerk of the Court
Treasurer of the State

APPROVED
AND
FILED

DOCUMENT # P94000087642 (2)

1. Corporation Name

SHANES MOTOR LODGE, INC.

55 MAY 15 1995 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2607 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

Altering Address
**2607 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

(CHECK ONE IN THIS SPACE)

3. Date of Incorporation or Qualification **12/02/1994** 3a. Date of Last Report **N/APPL.**

2. Principal Place of Business

2a. Altering Address

4. FIC Number **65-0543007** Applied for ☐ Not Applicable ☒

21. State Apt. # of

26. State Apt. # of

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Total Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. **BOYNTON, FLA.**

28. **BOYNTON, FLA.**

7. Does corporation have liability for federal tax on dividends? ☐ Yes ☒ No

24. **33435**

25. **U.S.A.**

29. **33435**

30. **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVREKOVIC, STEVE
2607 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

81. Name
82. Street Address (if 1) Box Number or Post Office
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of the laws of the State of Florida relating to the filing of reports by corporations, the undersigned 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, thereby, in legal effect the appointment of a registered agent. I am filing with this report the change of address of the corporation's registered office.

SIGNATURE

12. CHANGES AND COMMENTS 13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 1.

12.1	D	LOVREKOVIC, STEVE 2607 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435	13.1	☐ Change ☐ Addition
12.2	D	LOVREKOVIC, BLAZENKA 2607 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435	13.2	☐ Change ☐ Addition
12.3			13.3	☐ Change ☐ Addition
12.4			13.4	☐ Change ☐ Addition
12.5			13.5	☐ Change ☐ Addition
12.6			13.6	☐ Change ☐ Addition
12.7			13.7	☐ Change ☐ Addition
12.8			13.8	☐ Change ☐ Addition
12.9			13.9	☐ Change ☐ Addition
12.10			13.10	☐ Change ☐ Addition
12.11			13.11	☐ Change ☐ Addition
12.12			13.12	☐ Change ☐ Addition
12.13			13.13	☐ Change ☐ Addition
12.14			13.14	☐ Change ☐ Addition
12.15			13.15	☐ Change ☐ Addition
12.16			13.16	☐ Change ☐ Addition
12.17			13.17	☐ Change ☐ Addition
12.18			13.18	☐ Change ☐ Addition
12.19			13.19	☐ Change ☐ Addition
12.20			13.20	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and checked again for the accuracy stated in Section 13.01 of the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 13.01 of the Florida Statutes as an officer or director.

SIGNATURE: *Steve Lovrekovic* **STEVE LOVREKOVIC**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 **407-732-4446**

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1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Nevins
Secretary of State
CORPORATION DIVISION

APPROVED
AND
FILED

MAY 10 1995

RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087761 (0)

1. Corporation Name

**CANADIAN AMERICAN INTERNATIONAL MEDICAL BILLING
OF SOUTH FLORIDA, INC.**

Principal Place of Business

**1250 E. HALLANDALE BEACH BLVD.
SUITE 809
HALLANDALE FL 33009**

Mailing Address

**1250 E. HALLANDALE BEACH BLVD.
SUITE 809
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

4. FFI Number

65-0543431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Finance and

Tea Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Does corporation have liability for substantial fee under § 190.10(2)?

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

22

State Apt # etc

27

City & State

23

City & State

28

Zip

24

Zip

25

Zip

29

County

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SZORADY, ELIZABETH
491 S.W. 63RD TERRACE
PLANTATION FL 33317**

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 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Registered agent's title is required)

Signature of Registered Agent (Registered agent's title is required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD
NAME	SZORADY, ELIZABETH
STREET ADDRESS	491 S.W. 63RD TERRACE
CITY, ST, ZIP	PLANTATION FL 33317
TITLE	VD
NAME	SZORADY, STEVEN
STREET ADDRESS	491 S.W. 63RD TERRACE
CITY, ST, ZIP	PLANTATION FL 33317
TITLE	SD
NAME	BENARROCH, MATHILDE
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD.
CITY, ST, ZIP	HALLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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

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 190.10(2)(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. I am an officer or director of the corporation or the manager or business empowered to execute the 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:

Elizabeth Szorady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 1995 - 305-456-5550
DATE