

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathart
Secretary of State
1900 G. W. PHIPPS BLDG.

APPROVED
AND
FILED

MAY 03 11:01:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S14899** (6)
ATCO INTERIOR CORP.

Principal Office of Registrant: 13870 SW 151ST LANE MIAMI FL 33186 US
Mailing Address: 13870 SW 151ST LANE MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quarter: 11/28/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0231559	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Debent: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing/Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.05, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Registrant: 21	2a. Mailing Address: 26
State App # of: 22	State App # of: 27
City & State: 23	City & State: 28
ZIP: 24	ZIP: 29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TRIGO, MARIA I. 13870 SW 151ST LANE MIAMI FL 33186		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 607.09(3), and 607.1909, 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 607.09(3), Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registrant)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
OFFICE	D	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIGO, ALBERTO M.	1. NAME	
STREET ADDRESS	13870 SW 151ST LANE	1. STREET ADDRESS	
CITY & STATE	MIAMI FL	1. CITY & STATE	
OFFICE		2. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
OFFICE		3. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
OFFICE		4. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICE		5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
OFFICE		6. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.05(3)(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. That I am an officer or director of the corporation or the manager or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attached with an address.

SIGNATURE: *Alberto M. Trigo*
SIGNATURE AND TYPE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR
5-16-95 305-378-6401

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ANNUAL REPORT
1995



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

APPROVED
(AND)
FILED

COMMENCED: APR 15

REGISTRY DIVISION
TALLAHASSEE, FLORIDA

DOCUMENT # **S15588** (4)

CROUCH CONCRETE, INC.

6872 FAIRVIEW ST
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 11/26/1990		3a. Date of Last Report 04/28/1994	
4. FET Number 65-0234339		Applied For First Application	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation is not exempt from franchise tax under s. 207(3), Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business	2a. Mailing Address	24. Fiscal Year	30. Filing Date
22. State Agent Name	27. State Agent #	25. Fiscal Year	29. Filing Date
23. City & State	28. City & State	26. Fiscal Year	28. Filing Date

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CROUCH, MITCHELL 6872 FAIRVIEW ST FT MYERS FL 33912		B1. Name			
		B2. Street Address (P.O. Box Number is Not Acceptable)			
		B3. City			
		B4. City	FL	B5. Zip Code	

I, the undersigned, being a duly qualified and duly sworn Florida Notary Public, do hereby certify that the above named corporation has duly filed with me for the purpose of changing its registered office a statement of the change of its registered office as shown on the attached statement, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am licensed with and accept the stamping of the Secretary of State, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS	
NAME	D CROUCH, MITCHELL 6872 FAIRVIEW ST FT MYERS FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CROUCH, LESLIE G. 6872 FAIRVIEW ST FT MYERS FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I, the undersigned, certify that the information reported with this filing is voluntarily furnished and true, and equally for the description stated in the law of the State of Florida Statutes. I further certify that the information reported in this annual report is supplemented annual report is true and accurate and that the corporation has the same legal office as of change of its registered office as of change of the corporation or the removal or transfer of the registered office as of change of the corporation as required by Chapter 207, Florida Statutes, and that the same appears in the file of the corporation or its attachment with its address.

SIGNATURE: *Leslie Crouch* Leslie Crouch 5/16/95 813/275-0511

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APPROVED
7/13

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathan
Secretary of State
Tallahassee, Florida 32399-0001

FILED IN 1995
CORPORATION
STATE OF FLORIDA

DOCUMENT # **S16008** (2)

GREENLEE ENGINEERING, INC.

Principal Office: 4066 N.E. 5 AVENUE FT. LAUDERDALE FL 33334
Mailing Address: 4066 N.E. 5 AVENUE FT. LAUDERDALE FL 33334

2. Mailing Address:		2a. Mailing Address:		3. Date of Incorporation/Registration:		3a. Date of Last Report:	
21. 1100 SW 12th AVENUE		26. 1100 SW 12th AVENUE		11/26/1990		05/20/1994	
22. City & State:		27. City & State:		4. FE Number:		Applied For / Not Applicable:	
23. POMPANO BEACH, FL		28. POMPANO BEACH, FL		65-0241351			
24. 33069		25. U.S.A.		29. 33069		30. U.S.A.	
5. Certificate of Status Desired: <input type="checkbox"/>				8.75 Additional Fee Required			
6. Election Campaign Financing / Trust Fund Contributions: <input type="checkbox"/>				5.00 May Be Added to Fees			
7. This corporation has/has not adopted the provisions of Chapter 213, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent:				10. Name and Address of New Registered Agent:			
GREENLEE, ROBERT E. 4066 N.E. 5 AVENUE FT. LAUDERDALE FL 33334				ADDRESS INCORRECT SEE CHANGE ON #10			
81. Name:				82. Street Address (P.O. Box Number is Not Applicable):			
				1100 SW 12th AVENUE			
83. City:				84. City:			
				POMPANO BEACH FL			
85. Zip Code:				86. Zip Code:			
				33069			

11. I, the undersigned, being a resident of the State of Florida and being 18 or over, Florida Statutes, hereby certify that the change of registered agent was authorized by the corporation's Board of Directors, and that the appointment of the new registered agent is in accordance with the provisions of the Florida Statutes.

12. OFFICERS AND DIRECTORS:		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
NAME	ADDRESS	NAME	ADDRESS
DPT GREENLEE, ROBERT E. 1720 N.W. 104 AVE PLANTATION FL		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPS GREENLEE, ROBERT E. 1720 N.W. 104 AVE. PLANTATION FL		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, being the shareholder designated with this filing as authorized person and being 18 or over, Florida Statutes, hereby certify that the change of registered agent was authorized by the corporation's Board of Directors, and that the appointment of the new registered agent is in accordance with the provisions of the Florida Statutes.

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

5-15-95 305-784-7566

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

FLORIDA DEPARTMENT OF STATE
 1995



FLORIDA DEPARTMENT OF STATE
 6448 PARKLAND DRIVE
 SARASOTA, FLORIDA 34234

APPROVED
 FILED

05 MAY 22 1995

SECRET
 TELETYPE UNIT

DOCUMENT # **S17500** (7)

SUNSHINE APPAREL OF SARASOTA INCORPORATED

6448 PARKLAND DR
 SARASOTA FL 34234

21	26	3	3a
1610 Northgate BL	1610 Northgate BL	11/26/1990	05/01/1994
22	27	4	
SARASOTA, FL	SARASOTA, FL	65-0307664	Applied Fee Not Applicable
24	25	5	
34234	34234		\$8.75 Additional Fee Required
		6	
			\$5.00 May Be Added to Fees
		8	
			Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GEVERD, EMIL M. 1711 PALMA SOLA DRIVE BRADENTON FL 34209		B1	Name
		B2	Street Address (P.O. Box Number is Not Accepted)
		B3	
		B4	City
		B5	Zip Code
			FL

11. I, the undersigned, as authorized officer of the above named corporation, certify that the above named corporation intends this statement for the purpose of changing its registered office to the 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 not aware of any other person who is authorized to sign this statement on behalf of the corporation.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
D NAME: GEVERD, EMIL M STREET ADDRESS: 1711 PALMA SOLA DR CITY: BRADENTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: GEVERD, VIRGINIA G STREET ADDRESS: 1711 PALMA SOLA DRIVE CITY: BRADENTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b) Florida Statutes. I further certify that the information is true and correct, 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 appointed to receive this report as required by Chapter 660 Florida Statutes, and that my name appears on the filing of this report with an address.

SIGNATURE: *Emil M. Geverd* Emil M. GEVERD 5/17/95 813-351-4701