

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S23343

(4)

1. Corporation Name

ESTATE ENTERPRISES OF TAMPA, INC.

Principal Place of Business

**5221 EAGLE BLVD.
LAND O'LAKES FL 34639-3822**

Mailing Address

**5221 EAGLE BLVD.
LAND O'LAKES FL 34639-3822**

**APPROVED
AND
FILED**

MAY 18 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **01/07/1991** 3a. Date of Last Report **05/12/1994**

4. FIC Number **59-3057364** Applied For ☐ Not Applicable ☐

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

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

8. Does corporation have liability for unpaid fees under the Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**5221 EAGLE BLVD.
LAND O'LAKES FL 34639-3822**

2a. Mailing Address

**5221 EAGLE BLVD.
LAND O'LAKES FL 34639-3822**

22. State of Incorporation

FL

27. State of Incorporation

FL

23. City & State

LAND O'LAKES FL

28. City & State

LAND O'LAKES FL

24. City & State

LAND O'LAKES FL

9. Name and Address of Current Registered Agent

**WOOD, LARRY S.
5221 EAGLE BLVD.
LAND O'LAKES FL 33539**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of this state and a duly qualified officer or director of the corporation, do hereby certify that the information supplied in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report and the payment of the required fees. I am a resident of this state and a duly qualified officer or director of the corporation.

SIGNATURE

12. Name of Officer or Director

**DPT
WOOD, LARRY S.
5221 EAGLE BLVD.
LAND O'LAKES FL**

S

**WOOD, LARRY S.
5221 EAGLE BLVD.
LAND O'LAKES FL**

13. Name of Officer or Director

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

WOOD, LARRY S.

5221 EAGLE BLVD.

LAND O'LAKES FL

S

14. I, the undersigned, do hereby certify that the information supplied in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report and the payment of the required fees. I am a resident of this state and a duly qualified officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10 95 813-976 6505

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

MAY 12 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S24119

(7)

1. Corporation Name

CAPRICORN SYSTEMS, INC.

Principal Office Address

**7 DUNWOODY PARK #109
ATLANTA GA 30338
US**

Mailing Address

**7 DUNWOODY PARK #109
ATLANTA GA 30338
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Canada

01/09/1991

3a. Date of Last Filing

04/27/1994

4. FEI Number

59-3067912

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. Does corporation have liability for atypical liabilities under Florida Statutes

2. Principal Office of Corporation

21

2a. Mailing Address

26

2b. State of Inc.

22

2c. State of Inc.

27

2d. State

23

2e. State

28

2f. State

24

2g. State

25

2h. State

29

2i. State

30

9. Name and Address of Current Registered Agent

**SUDDALA, SATYA
CARROLLWOOD VILLAGE EXECUTIVE CTR., #100
13902 N DALE MABRY HWY.
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name

82. Street Address of New Registered Agent

83.

84. City

FL

85. Zip Code

11. Does corporation have principal office in the State of Florida? If yes, the corporation must file a statement of the principal office of the corporation in the State of Florida. If the corporation has principal office in the State of Florida, the corporation must file a statement of the principal office of the corporation in the State of Florida. If the corporation has principal office in the State of Florida, the corporation must file a statement of the principal office of the corporation in the State of Florida.

SIGNATURE

12. If the corporation is a corporation, the signature of the president or the person authorized to sign the report must be the signature of the president or the person authorized to sign the report.

**VP
SUDDALA, SATYA
311 MONTROSE DR
MCDONOUGH GA**

**P
AKKINENI, CHAND
5145 HARBOUR RIDGE DR
ALPHARETTA GA**

NAM

NAM

NAM

NAM

NAM

13. ADDRESS OF CHAIRMAN, CEO, OFFICER, AND DIRECTOR

**C
MURALI K SUDDALA
311 MONTROSE DR
MCDONOUGH GA 30253**

NAM

NAM

NAM

NAM

NAM

SIGNATURE:

Murali K Suddala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURALI K SUDDALA

5-15-95

414 2736789

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 13 11:10:15
OFFICE OF STATE
SECRETARY, FLORIDA

DOCUMENT # **S25725**

(0)

1. Corporation Name

AUTO DAVE'S PAINT AND BODY SHOP INC.

Principal Place of Business

**2501 24TH STREET
WEST PALM BEACH FL 33407**

Mailings Address

**2501 24TH STREET
WEST PALM BEACH FL 33407**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 01/17/1991	3a. Date of Last Report 07/06/1994
4. FE Number 65-0256576	Applied Fee Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Extraordinary (Special) Filing Fee Fixed Filing Fee ☐	\$5.00 May Be Added to Fees
8. Does corporation have liability for intangible tax under F.S. 218.01? ☐ 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

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RAMLACKHAN, DAVE
2501 24TH STREET
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (Do not leave blank or put "Acquisition")

83

84

FL

85

City & State

11. I, the undersigned, certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, or a resident of the State of Florida who has been authorized to act as a registered agent for the corporation, and that I am not a resident of any other State.

SIGNATURE

12. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	13. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
14. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	15. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
16. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	17. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
18. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	19. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
20. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	21. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
22. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	23. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
24. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	25. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
26. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	27. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
28. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	29. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
30. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	31. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
32. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	33. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
34. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	35. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
36. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	37. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
38. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	39. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
40. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	41. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
42. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	43. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
44. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	45. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
46. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	47. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
48. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	49. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407
50. NAME D RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL	51. ADDRESS 2501 24TH STREET WEST PALM BEACH FL 33407

14. I, the undersigned, certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, or a resident of the State of Florida who has been authorized to act as a registered agent for the corporation, and that I am not a resident of any other State.

SIGNATURE: *Dave Ramlackhan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95