

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S39567

(0)

1. Corporation Name

FRED JESTER CABINETRY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:12

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
502 PALM STREET BAY 20 WEST PALM BEACH FL 33401		502 PALM STREET #20 WEST PALM BEACH FL 33401-7045 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
03/21/1991		08/17/1994	
4. FEI Number		Applied For	
65-0260020		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financial Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.005, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JESTER, FRED L. 502 PALM ST. BAY 20 WEST PALM BEACH FL 33401		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 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 6-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JESTER, FRED L.	12 NAME	
STREET ADDRESS	213 TAMOSHANTER DR.	13 STREET ADDRESS	
CITY - ST - ZIP	PALM SPRINGS FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCHERER, JOHN R.	22 NAME	
STREET ADDRESS	312 5TH AVENUE, NORTH	23 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 stated in Section 110.07(3)(a), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attached form with an address.

SIGNATURE: *[Signature]* DATE: 6-12-95 TELEPHONE: 407 832 0533

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S39601

(7)

1. Corporation Name

HAROLD REALTY, INC.

Principal Place of Business

POB 6031
PENSACOLA FL 32503-0031

Mailing Address

POB 6031
PENSACOLA FL 32503-0031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1991

3a. Date of Last Report

09/26/1994

4. FBI Number

59-3056167

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 retroactive tax under s. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAROLD, JOHN M.
6351 RAMBLER DR
PENSACOLA FL 32503**

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 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

John M. Harold

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

HAROLD, JOHN M.

STREET ADDRESS

4004 AZURE WAY

CITY, ST, ZIP

PENSACOLA FL

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

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 stated in Section 119.07(3)(k), 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 receiver or trustee empowered to execute 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:

John M. Harold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. HAROLD

6/12/95

484-4847

CR2E034 (3/95)

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S39827

(8)

1. Corporation Name

MARK PARRETT ENTERPRISES, INC.

Principal Place of Business

110 SE FOURTH ST.
SUITE E
FT. WALTON BEACH FL 32540
US

Mailing Address

110 SE FOURTH ST.
SUITE E
FORT WALTON BCH FL 32540
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1991

3a. Date of Last Report
08/10/1994

4. FBI Number
59-3129912

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 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 97 LANG ROAD

2a. Mailing Address

26 97 LANG ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT WALTON BEACH, FL

City & State

28 FT WALTON BEACH, FL

Zip

24

County

25 OKALOOSA

Zip

29 32547-3162

County

30 OKALOOSA

9. Name and Address of Current Registered Agent

PARRETT, MARK L.
110 SE 4TH STREET, SUITE E
FORT WALTON BEACH FL 32540

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

32547

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of agent or certified person of registered agent and this filer is required)

(All filers (registered agent, signature required) when registering)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE PD
12 NAME PARRETT, MARK L.
13 STREET ADDRESS 110 SE FOURTH ST., STE E
14 CITY ST ZIP FORT WALTON BCH FL

15 TITLE STD
16 NAME PARRETT, BELVA L.
17 STREET ADDRESS 110 SE FOURTH ST., STE E
18 CITY ST ZIP FORT WALTON BCH FL

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY ST ZIP

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY ST ZIP

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

35 TITLE
36 NAME
37 STREET ADDRESS
38 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 97 LANG ROAD
14 CITY ST ZIP 32547-3162

15 TITLE ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS 97 LANG ROAD
18 CITY ST ZIP 32547-3162

19 TITLE ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY ST ZIP

23 TITLE ☐ Change ☐ Addition
24 NAME
25 STREET ADDRESS
26 CITY ST ZIP

27 TITLE ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

35 TITLE ☐ Change ☐ Addition
36 NAME
37 STREET ADDRESS
38 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 stated in Section 119.07(3)(k), 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 receiver or liquidator empowered to execute 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:

Mark L. Parrett

6/6/95

(904) 213-9511

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 JUN 1995 PM 10:03

DOCUMENT # S40861 (4)

1. Corporation Name

C.P.S. INTERNATIONAL INC.

Principal Place of Business

Mailing Address

1375 NW 97 AVE
 10
 MIAMI FL 33172
 US

1375 NW 97 AVE
 10
 MIAMI FL 33172
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/25/1991

02/23/1994

4. FEI Number

Applied For

65-0270246

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contributions

☐ \$5.00 May Be
 Added to Fees

8. This corporation has authority for incorporation under s. 199.032,
 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACAYO, CARLOS
 8300 NW 7 ST
 1
 MIAMI FL 33126

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 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORDON, RODRIGO
STREET ADDRESS	1375 NW 97 AVE S10
CITY, ST, ZIP	MIAMI FL
TITLE	VSD
NAME	DEMATA, KARLA
STREET ADDRESS	1375 N.W. 97TH AVENUE, SUITE 10
CITY, ST, ZIP	MIAMI FL 33172
TITLE	TD
NAME	PAPAHU, JUAN
STREET ADDRESS	1375 NW 97 AVE S10
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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SIGNATURE:

Rodrigo Cordon
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

06/08/95

(305) 694 7675