

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
JUN 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S39951 (6)

1. Corporation Name

OFT, INC.

Principal Place of Business
**135 WEST 49TH STREET
HALEAH FL 33012**

Mailing Address
**135 WEST 49TH STREET
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1991	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0257673	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. 199.042, Florida Statutes. ☐ Yes ☐ No	

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. Country	30. Country

9. Name and Address of Current Registered Agent

**TORRES, ORLANDO F.
135 WEST 49TH STREET
HALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Print or Type Name of Registered Agent or Director of Corporation)

(Print or Type Name of Registered Agent or Director of Corporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PST TORRES, ORLANDO F. 2626 NOCATEE DRIVE MIAMI FL	13.1 NAME STREET ADDRESS CITY, ST, ZIP	☒ Change ☐ Addition 11 PALM AVENUE, PALM ISLAND MIAMI, FL 33139
12.2 NAME STREET ADDRESS CITY, ST, ZIP	D TORRES, ORLANDO F. 2626 NOCATEE DRIVE MIAMI FL	13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP		13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP		13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

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 199.07(1)(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 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:

Orlando F. Torres

Orlando F. Torres, M.D. - Pres.

Date

(305) 825-0500

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S40419**

(1)

1. Corporation Name

CARPENTER ASSOCIATES, INC.

APPROVED
AND
FILED

90 MAY 16 11 08:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2711 N.E. 7TH ST.
POMPANO BEACH FL 33062-4903**

**2711 N.E. 7TH ST.
POMPANO BEACH FL 33062-4903**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
03/25/1991

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

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

4. FET Number
65-0262841

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**

6. This corporation has liability for intangible tax under s. 199, Fla. Stat., Florida Statutes ☐ Yes ☒ No

24. Name

25. Address

29. Name

30. Address

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARPENTER, ANNETTE
2711 N.E. 7TH ST.
POMPANO BEACH FL**

81. Name

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

83. City

84. Zip

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purposes of changing its registered office and registered agent 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 a director or officer of the corporation. (s. 607.15(2), Florida Statutes)

Signature of Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

12a. Name	PSD CARPENTER, ANNETTE M.
12b. Street Address	2711 N.E. 7TH ST POMPANO BEACH FL
12c. City	VTD
12d. Name	CARPENTER, RALPH
12e. Street Address	2711 N.E. 7TH ST POMPANO BEACH FL
12f. City	
12g. Name	
12h. Street Address	
12i. City	
12j. Name	
12k. Street Address	
12l. City	
12m. Name	
12n. Street Address	
12o. City	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a. Name	☐ Change ☐ Addition
13b. Street Address	
13c. City	☐ Change ☐ Addition
13d. Name	
13e. Street Address	
13f. City	☐ Change ☐ Addition
13g. Name	
13h. Street Address	
13i. City	☐ Change ☐ Addition
13j. Name	
13k. Street Address	
13l. City	☐ Change ☐ Addition
13m. Name	
13n. Street Address	
13o. City	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(a), Florida Statutes. I further certify that the information indicated on the 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 receiver or trustee empowered to receive this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Annette M. Carpenter* **ANNETTE M. CARPENTER**

5-10-95 305 286-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S41100 (6)

DESIGNER GROUP HOMES, INC.

Principal Place of Business:
1882 SW AIROSO BLVD.
PORT ST. LUCIE FL 34984
US

Mailing Address:
1882 SW AIROSO BLVD.
PORT ST. LUCIE FL 34984
US

**APPROVED
AND
FILED**

MAY 12 11 8:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1991** 3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business: 2a. Mailing Address: 4. FEI Number: **65-0257793** Applied For: ☐ Not Applicable: ☐

21. State Apt # etc.: 26. State Apt # etc.: 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

22. City & State: 27. City & State: 6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

23. ZIP: 28. ZIP: 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKMAN, DIRK J.
1882 SW AIROSO BLVD.
PORT ST. LUCIE FL 34984**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 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 hereby authorized to accept the obligations of Section 607.0902, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Designated Agent for Service)

(Signature of Secretary or Agent for Service)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: P	1. NAME: BERKMAN, DIRK	1. TITLE: ☐ Change ☐ Addition	
2. STREET ADDRESS: 1882 SW AIROSO BLVD.	2. NAME: 1882 SW AIROSO BLVD.	2. TITLE: ☐ Change ☐ Addition	
3. CITY & STATE: PORT ST. LUCIE FL	3. NAME: PORT ST. LUCIE FL	3. TITLE: ☐ Change ☐ Addition	
4. TITLE: VP	4. NAME: BERKMAN, SHARON	4. TITLE: ☐ Change ☐ Addition	
5. STREET ADDRESS: 1909 MONTEREY LANE	5. NAME: 1909 MONTEREY LANE	5. TITLE: ☐ Change ☐ Addition	
6. CITY & STATE: PT ST LUCIE FL	6. NAME: PT ST LUCIE FL	6. TITLE: ☐ Change ☐ Addition	
7. TITLE:	7. NAME:	7. TITLE: ☐ Change ☐ Addition	
8. STREET ADDRESS:	8. NAME:	8. TITLE: ☐ Change ☐ Addition	
9. CITY & STATE:	9. NAME:	9. TITLE: ☐ Change ☐ Addition	
10. TITLE:	10. NAME:	10. TITLE: ☐ Change ☐ Addition	
11. STREET ADDRESS:	11. NAME:	11. TITLE: ☐ Change ☐ Addition	
12. CITY & STATE:	12. NAME:	12. TITLE: ☐ Change ☐ Addition	
13. TITLE:	13. NAME:	13. TITLE: ☐ Change ☐ Addition	
14. STREET ADDRESS:	14. NAME:	14. TITLE: ☐ Change ☐ Addition	
15. CITY & STATE:	15. NAME:	15. TITLE: ☐ Change ☐ Addition	
16. TITLE:	16. NAME:	16. TITLE: ☐ Change ☐ Addition	
17. STREET ADDRESS:	17. NAME:	17. TITLE: ☐ Change ☐ Addition	
18. CITY & STATE:	18. NAME:	18. TITLE: ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 and 199.032, 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 the corporation or the designated agent for service or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

4/29/95

407-871-0796