

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S40910** (9)

1. Corporation Name

SURF CLUB DEVELOPMENT CORPORATION

Principal Place of Business

1101 S. TAMiami TRAIL SUITE 202
VENICE FL 32485

Mailing Address

1101 S. TAMiami TRAIL SUITE 202
VENICE FL 32485

APPROVED
FILED

APR 11 1995

REC'D
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1991**
3a. Date of Last Report: **08/11/1994**

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc.	26 State Apt # etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 65-0246467	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOREY, ROBERT C., II
1101 S. TAMiami TRAIL
SUITE 202
VENICE FL 32485

10. Name and Address of New Registered Agent

B1 Name: **JOHN P. LAUDENSLAGER**
B2 Street Address (P.O. Box Number is Not Acceptable):
1101 S TAMiami TRAIL, SUITE 202
B3
B4 City: **VENICE** FL B5 Zip Code: **32485**

11. Pursuant to the provisions of Sections 607.0452 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 P. Laudenslager*

4/20/95

12. OFFICERS AND DIRECTORS	
12.1 NAME	PD MOREY, ROBERT C II 6501 SPYGLASS LANE BRADENTON FL
12.2 NAME	VD LAUDENSLAGER, JOHN P. 1101 S. TAMiami TR., #202 VENICE FL
12.3 NAME	PD ROBERT E BRIDGES
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY STATE ZIP	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	PD ROBERT E BRIDGES 165 WEST PUTNAM AVE GREENWICH CT 06830
13.7 STREET ADDRESS	
13.8 CITY STATE ZIP	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY STATE ZIP	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY STATE ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemptions stated in Section 1.10 (2)(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 for the purpose of being empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached report with all information.

SIGNATURE: *John P. Laudenslager*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **John P. Laudenslager** 4/20/95

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FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
(10)
FEB 1996

DOCUMENT # **S40960** (4)

T. Corporation Name

TRION MANAGEMENT GROUP, INC.

03/25/1991 24

TRION MANAGEMENT GROUP, INC.
TRIAWAY, FLORIDA

Principal Place of Business

Mailing Address

5310 NW 33RD AVE.
STE. 219
FT. LAUDERDALE FL 33309
US

5310 NW 33 AVE.
APT. 219
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1991**
3a. Date of Last Report: **07/26/1994**

4. FEI Number: **65-0262314**
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. 192.032, 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, O'BRYAN & FLEMING
500 E BROWARD BLVD
FT LAUDERDALE FL 33394

81 Name: **LESLIE W. BARBER**
82 Street Address (P.O. Box Number is Not Acceptable): **5310 NW 33rd Avenue**
83 Suite: **Suite 219**
84 City: **FT. LAUDERDALE** FL 85 Zip Code: **33309**

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]

4/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY, ST, ZIP
P	BARBER, LESLIE W.	2000 GLADES RD., #210	BOCA RATON FL
SD	BARBER, KENNETH T.	2000 GLADES RD., #210	BOCA RATON FL

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 199.02(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 in person with, that I am an officer or director of this corporation or the person or legal representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, 1, 1, or on an attachment with an address.

SIGNATURE:

[Signature]

4/19/95 305-731-0666

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CORPORATION
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1995



FLORIDA DEPARTMENT OF STATE
James B. Matheson
Tallahassee, Florida
CORPORATION / COMPANY REGISTRATION

DOCUMENT # **S40982** (8)

1. Corporation Name
MBE ENTERPRISES, INC.

03/25/1991
REGISTRATION FEE
TALLAHASSEE, FLORIDA

Principal Office Address: **400 CLEVELAND ST CLEARWATER FL 34615**
Mailing Address: **400 CLEVELAND ST CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1991** 3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business: **12420 73rd court N. LARGO, FL 34643 U.S.A.**
2a. Mailing Address: **12420 73rd court N. LARGO, FL 34643 U.S.A.**

4. FET Number: **59-3064720**
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**
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HIGHTOWER, R. NATHAN
400 CLEVELAND ST.
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent
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 Section 609.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 this new office Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PD PALMIERO, ROBERT 12420 73RD CT. N. LARGO FL
NAME	D FLEEGER, ALLEN E. 12420 73RD CT. N. LARGO FL
NAME	CD SHORT, WILLIAM, JR. 12420 73RD CT. N. LARGO FL
NAME	DST VARASAE, JOHN M. 12420 73RD CT. NO LARGO FL
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL OFFICERS AND DIRECTORS IN U.S.

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition

14. I, the undersigned, certify that the information requested within this filing is voluntarily furnished and does not qualify for the exemption stated in the new 199 (2) (b)(4) Florida Statutes. Further, I certify that the information contained 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 on or after the date of filing of this report with the corporation or the person or persons who the report is required by Chapter 609, Florida Statutes, and that my name appears on Block 12 of this report in compliance with an agreement with an address.

SIGNATURE: *Robert Palmiero* Robert Palmiero 4/26/95 813-536-8672
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR