

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

1995



DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # S54920

(1)

MAY 22 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROXYFUSION, INC.

2071 S.W. 70TH AVENUE
FORT LAUDERDALE FL 33317-7346

2071 S.W. 70TH AVENUE
FORT LAUDERDALE FL 33317-7346

2	2a. Mailing Address	3. Expiration Date of Current Registration	3a. Date of Last Report
21	26. 2501 Davis Road	05/23/1991	04/19/1994
22	27. Suite 230	4. Filing Number	Applied For Not Applicable
23	28. Ft. Lauderdale, FL	5. Filing Number of Subsequent Registrations	\$8.75 Additional Fee Required
24	29. 33317	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	25	7. Current Signature of Registered Agent	8. Current Signature of Registered Agent
	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	

LEONARDI, TRAVIS J.
2071 SW 70 AVE
STE G10
DAVE FL 33317

81. Blue, Harold
82. 2501 Davis Road
83. Suite 230
84. Ft. Lauderdale FL 33317

Harold Blue

Harold Blue

5/16/95

D
LEONARDI, TRAVIS
2071 SW 70 AVE, #G10
DAVE FL
D
SIMAS, KEVIN
2071 SW 70 AVE, #G10
DAVE FL

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
☒ P ☐ VP ☐ ADP
☒ VP ☐ ADP
C/CEO/D
Blue, Harold
2501 Davis Road, Suite 230
Ft. Lauderdale, FL 33317
Markus, Bennett
2501 Davis Road, Suite 230
Ft. Lauderdale, FL 33317

SIGNATURE:

Harold Blue

Harold Blue

5/16/95 (305)473-1001

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED

DOCUMENT # S55407 (8)

TANK-NICIANS OF STUART, INC.

**Principal Place of Business: 3982 SE COQUINA DR
STUART FL 34997**

RECEIVED
TANK-NICIANS OF STUART, INC.
STUART, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Reported or Due		3a. Date of Last Report	
21. State: April #, etc.		26. State: April #, etc.		4. FID Number 65-0262797		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City & State		25. City & State		29. City & State		30. City & State	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**FONTANA, JOSEPH A.
3982 SE COQUINA DR
STUART FL 34997**

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

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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, thereby to keep the appointment as registered agent. I am hereby withdrawing the resignation of the registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	DP FONTANA, JOSEPH A. 3982 SE COQUINA DR STUART FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY		3. CITY	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY		6. CITY	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY		12. CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the information stated in Section 607.05(2) and 607.15(8), Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report, 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 administer the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with an address.

SIGNATURE: Joseph A. Fontana (Puz) JOSEPH A. FONTANA 5-20-95 407-287-324

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

REGISTRATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANET B. MATHIAS
TREASURER
1000 BANK OF AMERICA BUILDING
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # S56522
(3)
A.G. MEYER PEST CONTROL, INC.

APPROVED
FILED
JUL 10 1995
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **2520 SE 7 ST.
POMPANO FL 33062**
Mailing Address: **2520 SE 7 ST.
POMPANO FL 33062**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified 05/29/1991	3a. Date of Last Report 05/24/1994
21. State Apt. # etc.	26. State Apt. # etc.	4. FIC Number 65-0283861		Applied For ☒ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City & State	29. City & State	7. Does corporation have liability for campaign contributions? ☐ Yes ☒ No		Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MEYER, ANDREW G 2520 SE 7 ST. POMPANO FL 33062				81. Name	
				82. Street Address, P.O. Box Number, or Not Applicable	
				83. City	
				84. City	
				FL	85. Zip Code

11. The undersigned, the person named in Sections 607.001(2) and 607.1508, Florida Statutes, the officer named or appointed to submit this statement for the purpose of changing the registered office, hereby certifies that the information contained in this statement is true and correct and that any change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am a resident of the State of Florida.

Signature: _____ Date: _____

12. OFFICE RE-APPOINTMENTS		13. ADDITIONAL CHANGES TO OFFICE RE-APPOINTMENTS	
NAME	P MEYER, ANDREW G. 2632 S. E. 10TH COURT POMPANO BEACH FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 607.001(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation has been in the same legal office for at least 60 days prior to the filing of this report or that the corporation of the receiver or liquidator approved to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: ANDREW G. MEYER *Andrew G. Meyer* **305-9416222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
FILED

DOCUMENT # S56775

(7)

To: Corporation Name

TYPEFACES, INC.

MAY 22 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

**6187 N W 167TH ST
H-13
MIAMI FL 33015
US**

Mailing Address

**5347 NW 198TH TERRACE
MIAMI FL 33055**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 05/28/1991	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0265194	Applies For Not Applicable
5. Certificate of Status Required ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has voluntarily been designated as a Florida Statute ☒ Yes ☐ No	

2. Principal Office Address	2a. Mailing Address
21. State App # 001	26. State App # 001
22. City & State	27. City & State
23. Zip	28. Zip
24. Phone	30. Phone

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUOCCO, DAVID
5347 NW 198TH TERRACE
MIAMI FL 33055**

81. Name	
82. Street Address (if C-1 has been filed, it is acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. The undersigned, as president of Sections 607 (b)(2) and 607 (b)(3) Florida Statutes, the above named corporation, submits this statement for the purpose of designating a registered office and a 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 a resident of the State of Florida.

Signature of Agent

Signature of Registered Agent (if not the same as above)

Signature of New Registered Agent (if not the same as above)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995
NAME: D RUOCCO, DAVID	1. NAME: ☐ Change ☐ Addition
STREET ADDRESS: 5347 NW 198TH TERR	2. NAME: ☐ Change ☐ Addition
CITY: MIAMI FL	3. NAME: ☐ Change ☐ Addition
STATE: FL	4. NAME: ☐ Change ☐ Addition
ZIP: 33055	5. NAME: ☐ Change ☐ Addition
PHONE: 5347 NW 198TH TERR	6. NAME: ☐ Change ☐ Addition
PHONE: MIAMI FL	7. NAME: ☐ Change ☐ Addition
PHONE: 33055	8. NAME: ☐ Change ☐ Addition
PHONE: 5347 NW 198TH TERR	9. NAME: ☐ Change ☐ Addition
PHONE: MIAMI FL	10. NAME: ☐ Change ☐ Addition
PHONE: 33055	11. NAME: ☐ Change ☐ Addition
PHONE: 5347 NW 198TH TERR	12. NAME: ☐ Change ☐ Addition
PHONE: MIAMI FL	13. NAME: ☐ Change ☐ Addition
PHONE: 33055	14. NAME: ☐ Change ☐ Addition
PHONE: 5347 NW 198TH TERR	15. NAME: ☐ Change ☐ Addition
PHONE: MIAMI FL	16. NAME: ☐ Change ☐ Addition
PHONE: 33055	17. NAME: ☐ Change ☐ Addition
PHONE: 5347 NW 198TH TERR	18. NAME: ☐ Change ☐ Addition
PHONE: MIAMI FL	19. NAME: ☐ Change ☐ Addition
PHONE: 33055	20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not aware of any information that would cause me to believe that the information supplied on this annual report or supplemental annual report is false and misleading and that my signature shall have the same legal effect as if made under oath. The undersigned is officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *David Ruocco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID RUOCCO

5-10-95 (305) 826-3200