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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:11

DOCUMENT # **S57713** **(7)**

1. Corporation Name
NATIONAL WIRE SOUTHEAST, INC.

Principal Place of Business	Mailing Address
1375 W CHURCH STR JACKSONVILLE FL 32204 US	1375 W CHURCH ST JACKSONVILLE FL 32204 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/06/1991**
3a. Date of Last Report: **02/28/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **59-3066312** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
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 Zip
25 Country
29 Zip
30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILKINSON, EDGAR L.
1375 W CHURCH ST
JACKSONVILLE FL 32204

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DCP**	11 TITLE	☐ Change ☐ Addition
NAME	**MCLEAN, DONALD R.**	12 NAME	
STREET ADDRESS	**2676 COVE VIEW DR. N.**	13 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	14 CITY-ST-ZIP	
TITLE	**DVP**	21 TITLE	☐ Change ☐ Addition
NAME	**SLUIS, MARVIN G.**	22 NAME	
STREET ADDRESS	**5039 TIMUQUANA RD APT 46**	23 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	24 CITY-ST-ZIP	
TITLE	**DST**	31 TITLE	☐ Change ☐ Addition
NAME	**WILKINSON, EDGAR L.**	32 NAME	
STREET ADDRESS	**12983 SILVER OAK DR.**	33 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	34 CITY-ST-ZIP	
TITLE	**D**	41 TITLE	☐ Change ☐ Addition
NAME	**O'STEEN, HOWARD K.**	42 NAME	
STREET ADDRESS	**4819 ORTEGA FOREST DR.**	43 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	44 CITY-ST-ZIP	
TITLE	**D**	51 TITLE	☐ Change ☐ Addition
NAME	**O'STEEN, HAROLD S.**	52 NAME	
STREET ADDRESS	**4811 ORTEGA BLVD.**	53 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	54 CITY-ST-ZIP	
TITLE	**D**	61 TITLE	☐ Change ☐ Addition
NAME	**DAVIS, WAYNE T**	62 NAME	
STREET ADDRESS	**4034 W ALHAMBRA DR**	63 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	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 119.07(3)(i), 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: Edgar L. Wilkinson 3/24/95 904-353-4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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95 MAR 32 PM 1:24

DOCUMENT # **S57904** **(2)**

1. Corporation Name
BELLON & TAYLOR ARCHITECTS, INC.

Principal Place of Business	Mailing Address
11020 N. KEKDALL DRIVE SUITE 200 MIAMI FL 33176	11020 N. KEKDALL DRIVE SUITE 200 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1991**
3a. Date of Last Report: **06/14/1994**

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

4. FEI Number: **65-0281049** ☐ 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

9. Name and Address of Current Registered Agent

BELLON, LEOPOLDO
11020 N. KENDALL DRIVE
SUITE 200
MIAMI FL 33176

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	☐ Change ☐ Addition
NAME	BELLON, LEOPOLDO	1.2 NAME	
STREET ADDRESS	11020 N. KENDALL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JAMES	2.2 NAME	
STREET ADDRESS	11020 N. KENDALL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Leopoldo Bellon 3/16/94 (305)596-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DIVISION OF CORPORATIONS

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95 MAR 32 PM 1:29

DOCUMENT # **S58488** **(5)**

1. Corporation Name
TRAVEL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
200 CENTRAL AVE. SUITE 135 ST. PETERSBURG FL 33701 US	200 CENTRAL AVE. SUITE 135 ST. PETERBURG FL 33701 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3070802	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SOLOMON, FRANCINE A.
1958 GEORGIA CIR N
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

61 Name

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

63

64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Vice President, Director	☒ Change ☐ Addition
NAME	SOLOMON, FRANCINE A.	12 NAME	Solomon, Francine A.	
STREET ADDRESS	1958 GEORGIA CIR N	13 STREET ADDRESS	1958 Georgia Cir. N.	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater, FL	
TITLE		21 TITLE	President, Director	☐ Change ☒ Addition
NAME		22 NAME	Kenneth B. Wiggins	
STREET ADDRESS		23 STREET ADDRESS	1958 Georgia Circle N.	
CITY-ST-ZIP		24 CITY-ST-ZIP	Clearwater, FL 34620	
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 119.07(3)(i), 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: Francine A. Solomon Francine A. Solomon, Vice President 3/15/95 813-823-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #