

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

95 MAY -1 AM 11:20

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **S73583**

(4)

1. Corporation Name

VACATION MAKERS, INC.

3119 S.W. 27TH AVE.
COCONUT GROVE FL 33133

3119 S.W. 27TH AVE.
COCONUT GROVE FL 33133

3. Date of Incorporation 08/15/1991 3a. Date of Report 05/13/1994

4. Identification Number 65-0280569

5. Additional Fee Required \$8.75

6. May Be Added to Fees \$5.00

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MAHONEY, KATHLEEN
2410 BRICKELL AVE.
SUITE 305C
MIAMI FL

81

82

83

84

FL

85

PST
COLUCCI, JOANN
3119 S.W. 27TH AVE
COCONUT GROVE FL

13.

SIGNATURE:

April 11, 1995 (305) 856-8499

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APPROVAL REQUIRED

1995



DEPARTMENT OF REVENUE

REGISTERED AGENT

STATE OF FLORIDA

APPROVED
AND
FILED

COMM - 1 JUN 10 43

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # S73771

(5)

STAINED GLASS STATION, INC.

Document Approved by the State

111 VALRICO ROAD NORTH
APT. C
VALRICO FL 33594-3163

111 VALRICO ROAD NORTH
APT. C
VALRICO FL 33594-3163

3. Date of Registration	08/14/1991	36. Date of Filing	04/07/1994
4. Filing Number	59-3080585	Applied Fee	Not Applicable
5. Certificate of Status Fee	☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing	☐	\$5.00 May Be Added to Fees	
7. Trust Fund Contribution	☐		
8. Other Fees	☐		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNARD, FRANCIS J.
111 VALRICO ROAD NORTH
APT. C
VALRICO FL 33594-3163

81. Name	
82. Street Address	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct, and that I am the owner of the business for which this registration is being made. I further certify that I am not a resident of any other state, and that I am not a resident of any other country.

12. Name and Address of Registered Agent	13. Name and Address of New Registered Agent
D KENNARD, FRANCIS J. 3327 POWERLINE ROAD LITHIA FL	

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct, and that I am the owner of the business for which this registration is being made. I further certify that I am not a resident of any other state, and that I am not a resident of any other country.

SIGNATURE: * Francis J. Kennard

04-30-95 883-685-0661

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tara A. B. McMillan
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

5/19/95 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74080

(0)

1. Corporation Name

VELASCO CORPORATION, INC.

Default will be taken at 4

Principal Place of Business

**10580 NW 8 LN
MIAMI FL 33172**

Principal Address

**10580 NW 8 LN
MIAMI FL 33172**

3. Date of Report Due

08/19/1991

3a. Date of Report

04/25/1994

2. Principal Place of Business

21

2a. Principal Address

26

4. FIC Number

65-0285861

Approved For

Not Applicable

2b. Higher Apt. # or

22

2c. Higher Apt. # or

27

5. Certificate of Sales Tax

**\$8.75 Additional
Fee Required**

2d. City or State

23

2e. City or State

28

6. Has the Corporation been

**\$5.00 May Be
Added to Fees**

7. Has the Corporation been

8. The Corporation has failed to file its report on time

9. The Corporation has failed to file its report on time

10. The Corporation has failed to file its report on time

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**VELASCO, ROXANA
10580 NW 8 LN
MIAMI FL 33172**

81. Name

82. Street Address

83. City or State

84. City or State

FL

85

11. The Corporation has failed to file its report on time

12. Name

13. Name

14. Name

15. Name

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

25. Name

26. Name

27. Name

28. Name

29. Name

30. Name

31. Name

32. Name

33. Name

34. Name

35. Name

36. Name

37. Name

38. Name

39. Name

40. Name

41. Name

42. Name

SIGNATURE:

R. Velasco

SIGNATURE AND TYPE OF OFFICIAL NAME OF BOARD OF DIRECTORS OR OFFICER

4/19/95

551-2060

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANICE M. WATKINS
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # **S75344** (9)
INTERCONTINENTAL SERVICE AND SUPPLY INCORPORATED

MAY - 1 AM 10:57

INTERCONTINENTAL SERVICE AND SUPPLY INCORPORATED
TALLAHASSEE, FLORIDA

Office of the Secretary of State

1. Name of Corporation BAY 26 870 WATERTOWER LANE LAKE PARK FL 33408-4609		2a. Mailed Address BAY 26 870 WATERTOWER LANE LAKE PARK FL 33408-4609		3. Date of Incorporation 08/23/1991	3a. Date of Last Report 08/17/1994
2. Principal Place of Business 21	2b. Mailed Address 26		4. FID Number 65-0280225	Appointed For First Appointment	
22	27		5. Number of Shares (Issued) 12	\$8.75 Additional Fee Required	
23	28		6. Number of Shares (Authorized) 12	\$5.00 May Be Added to Fees	
24	29		7. The corporation has duly filed its annual report for the year ending Florida Statutes ☒ Yes ☐ No		
9. Name and Address of Current Registered Agent SHAH, GIRISH 870 WATERTOWER LN BAY 26 LAKE PARK FL 33403			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address, P.O. Box Number, or Post Office		
			83.		
			84. City	FL	85. Zip Code

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law.

Signature of Officer or Director

12. Name of Agent PST SHAH, GIRISH 870 WATERTOWER LN BAY 26 LAKE PARK FL D SHAH, GIRISH 870 WATERTOWER LN BAY 26 LAKE PARK FL	13. Name of Agent SHAH, GIRISH 870 WATERTOWER LN BAY 26 LAKE PARK FL D SHAH, GIRISH 870 WATERTOWER LN BAY 26 LAKE PARK FL
---	---

14. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (401) 845-2513

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CORPORATION
ARTIFICIAL RECORD

1995



DOCUMENT # S75568

(3)

ALL AMERICAN TECHNOLOGIES, INC.

APPROVED

9/11/95 - 11/11/95

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

16085 NW 52 AVE
MIAMI FL 33014

16085 NW 52 AVE
MIAMI FL 33014

STATE OF FLORIDA

3. Date of Filing	08/23/1991	3a. Date of Last Report	02/14/1994
4. FIC Number	65-0294042	[Assigned Fee] Not Applicable	
5. Certificate Status (Desired)	[] \$8.75 Additional Fee Required		
6. Election Campaign Reporting	[] \$5.00 May Be Added to Fees		
8. This corporation has already been incorporated in another state	[X] No		

2. Principal Office	2a. Mailing Address
21. 16115 N.W. 52nd Avenue	26. 16115 N.W. 52nd Avenue
22.	27.
23. Miami, Florida	28. Miami, Florida
24. 33014	29. 33014
25. USA	30. USA

9. Name and Address of Current Registered Agent

GOLDBERG, BRUCE M
16085 NW 52 AVE
MIAMI FL 33014

10. Name and Address of New Registered Agent

81. Agent	82. Agent Address (If Different from 10. Not Applicable)
	16115 N.W. 52nd Avenue
83.	
84.	
	FL 85.

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the information required by the provisions of the laws of the State of Florida, and that the same has been filed for the record in the office of the Secretary of State, at Tallahassee, Florida, this 23rd day of August, 1991.

12. D
GOLDBERG, PAUL
16085 NW 52 AVE
MIAMI FL
D
GOLDBERG, BRUCE
16085 NW 52 AVE
MIAMI FL

13. 16115 N.W. 52nd Avenue
16115 N.W. 52nd Avenue

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the information required by the provisions of the laws of the State of Florida, and that the same has been filed for the record in the office of the Secretary of State, at Tallahassee, Florida, this 23rd day of August, 1991.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICE IS ON DISC ONLY

44-38861-100

U.S. DEPARTMENT OF STATE
 Bureau of Consular Affairs
 Office of Consular Operations
 Washington, D.C. 20520-1225

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: A and B. Group A received the treatment (T) and Group B received the control (C). The subjects were divided into two groups: A and B. Group A received the treatment (T) and Group B received the control (C).

(9)

WHITE DOVE MANAGEMENT, INC.

8036 S.R 54
NEW PORT RICHEY FL 34653
US

[illegible]

3. Date of report: 08/21/1991	3a. Date of last report: 04/26/1994
-------------------------------	-------------------------------------

20	$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = 1$	2a	$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = 1$
21	$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = 1$	2b	$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = 1$

4. The Number	Acquired For
59-3081760	Not Applicable

22	27
----	----

5. A certificate of statistical clearance ☐ **\$8.75 Additional Fee Required**

23
28

6. Life Insurance Campaign Contribution	\$5.00 May Be Added to Fees
--	------------------------------------

24	25	29
----	----	----

1. The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation $f(x) = \int_0^x f(t) dt$. It is shown that $f(x)$ is a continuous function and that it satisfies the functional equation $f(x+y) = f(x) + f(y)$. The second part of the paper is devoted to the study of the properties of the function $g(x)$ defined by the equation $g(x) = \int_0^x g(t) dt$. It is shown that $g(x)$ is a continuous function and that it satisfies the functional equation $g(x+y) = g(x) + g(y)$.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYKO, RICHARD E
8036 S.R. 54
NEW PORT RICHEY FL 34653

01	Country	
02	Street Address (P.O. Box Number or Post Acceptance)	
03		
04	City	FL 85 Zip Code

11. The undersigned, the president of the board of directors of the corporation, hereby certifies that the above named corporation satisfies the statement for the purpose of changing its corporate name from _____ to _____, the effective date of which has been determined by the corporate resolution of directors. Therefore, the appointment is considered valid.

Journal of Management Education 36(7)

12. **DPTS**
BOYKO, RICHARD EA
6224 KELLER DR.
PORT RICHEY FL

[illegible][illegible]

SIGNATURE:

SECRETARIA PLANEJAMENTO E ORÇAMENTO - SECRETARIA DE PLANEJAMENTO E ORÇAMENTO - SECRETARIA DE PLANEJAMENTO E ORÇAMENTO

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1995



DOCUMENT # S76693

(8)

TRI-COUNTY AIR SYSTEMS, INC.

51 W MICHIGAN ST
ORLANDO FL 32806
US

51 W MICHIGAN ST
ORLANDO FL 32806
US

21 700 E. michigan ST.
22 Suite 101
23 Orlando, FL
24 32806 25 US 26 700 E michigan ST
27 Suite 101
28 Orlando, FL
29 32806 30 US

9. Name and Address of Current Registered Agent

ZEITLER, MARK T.
13113 FERNWAY ROAD
ORLANDO FL 32832

3. 08/21/1991 3a. 05/01/1994
4. 59-3082441
5. \$8.75 Additional
Fee Required
6. \$5.00 May Be
Added to Fees
7. X
10. Name and Address of New Registered Agent

81
82
83
84
FL 05

12. P
ZEITLER, MARK T.
13113 FERNWAY ROAD
ORLANDO FL

13. Y
BRUCE E. SCHNEIDER
2822 AMHERST AVENUE
ORLANDO, FLORIDA 32804

SIGNATURE:

/mark T. Zeitler 3/20/95

407-426-7552

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S76695**

(3)

1. Corporation Name
BERM INC.

2. Registered Office
**1957 N.W. AZALEA ST
STUART FL 34994**

3. Mailing Address
**1957 N.W. AZALEA ST
STUART FL 34994**

3. Date of Report
08/28/1991

3a. Date of Report
04/27/1994

4. Filing Number
65-0284261

4a. Filing Number
65-0284261

5. Certificate of Report Required

**\$8.75 Additional
Fee Required**

6. Declaration of Report Required
Declaration of Report

**\$5.00 May Be
Added to Fees**

7. Declaration of Report Required
Declaration of Report

**\$5.00 May Be
Added to Fees**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MORSE, EDWARD R.
1957 N.W. AZALEA ST.
STUART FL 34994**

81. Name

82. Street Address (Do Not Leave Blank)

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation as required by law. I am a director of the corporation and I am a resident of the State of Florida.

12. Signature

13. Name

**D
MORSE, EDWARD R.
1957 N.W. AZALEA ST.
STUART FL
D
MORSE, MARY LOU
1957 N.W. AZALEA ST.
STUART FL**

14. Signature

15. Name

16. Signature

17. Name

18. Signature

19. Name

20. Signature

21. Name

22. Signature

23. Name

24. Signature

25. Name

26. Signature

27. Name

28. Signature

29. Name

30. Signature

31. Name

32. Signature

33. Name

34. Signature

SIGNATURE:

Edward R. Morse
EDWARD R. MORSE

4-28-95 407-692-8011