

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JUN 20 AM 8:29**

**DOCUMENT # S88659 (5)**

1. Corporation Name  
**SGK III, INC.**

Principal Place of Business Mailing Address  
**20251 WEST OAK HAVEN CIRCLE MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0298924** 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 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**KOTZEN, STEPHEN  
20251 WEST OAK HAVEN CIRCLE  
MIAMI FL 33179**

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 registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTZEN, STEPHEN</b>	1.2 NAME	
STREET ADDRESS	<b>20251 W OAK HAVEN CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTZEN, GAYLE</b>	2.2 NAME	
STREET ADDRESS	<b>20251 W OAK HAVEN CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I further certify that the information indicated on this annual report, if filed, 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 owner 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, above, or on an attachment with an address.

SIGNATURE: DATE: **6/17/95** **305 683 4516**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 1995

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # S89638 (8)**  
1. Corporation Name  
**FLITE STIX, INC.**

Principal Place of Business <b>855 EAST CRISAFULLI ROAD MERRITT ISLAND FL 32953</b>	Mailing Address <b>855 EAST CRISAFULLI ROAD MERRITT ISLAND FL 32953</b>
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3. Date Incorporated or Qualified <b>10/24/1991</b>	3a. Date of Last Report <b>04/21/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>Johnny D, Co. Flite Stix</b>	26 <b>Flite Stix, Inc.</b>			<b>59-3095751</b>		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<b>790 Mullet Road, Unit 45A</b>		<b>434 Polk Ave.</b>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
<b>Port Canaveral, Florida</b>		<b>Cape Canaveral, Florida</b>		8. This corporation has liability for intangible tax under s. 199.095, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>32920</b>	25 <b>USA</b>	29 <b>32920</b>	30 <b>USA</b>				

9. Name and Address of Current Registered Agent  
**SURACE, RICHARD  
855 E. CRISAFULLI ROAD  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name <b>Richard Surace</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>434 Polk Ave.</b>
83
84 City <b>Cape Canaveral</b>
85 Zip Code <b>FL 32920</b>

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 *Richard Surace* **Richard Surace, Director** **6/16/95**  
(Signature typed to confirm name of registered agent and date of application) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SURACE, RICHARD</b>
STREET ADDRESS	<b>855 EAST CRISAFULLI ROAD</b>
CITY ST ZIP	<b>MERRITT ISLAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. APPOINTING CHANGES TO OFFICERS AND DIRECTORS IN 1.

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Surace, Richard</b>	
13 STREET ADDRESS	<b>434 Polk Ave.</b>	
14 CITY ST ZIP	<b>Cape Canaveral, FL 32920</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(d), 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: *Richard Surace* **Richard Surace** **6/16/95** **407-719-2915**  
(Signature typed to confirm name of signing officer or director) (DATE) (Daytime Phone #)

CR2E064 (3/95)

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 10 11 25

DOCUMENT # **S90176** (6)

1. Corporation Name  
**OCTRISUITE, INC.**

Principal Place of Business Mailing Address  
**315 FLAGLER AVE** **66 NADINE CRES.**  
**NEW SMYRNA BEACH FL 32169** **UNIONVILLE**  
**ONTARIO CA L3R7Y-2**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **10/28/1991** 3a. Date of Last Report **08/18/1994**  
4. FEI Number **98-0121818** 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  
**HOUNSOM, SUSAN**  
**315 FLAGLER AVE**  
**NEW SMYRNA BEACH FL 32169-4997**

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 registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MOORE, GARY R</b>
STREET ADDRESS	<b>66 NADINE CRES</b>
CITY - ST - ZIP	<b>UNIONVILLE ON</b>
TITLE	<b>D</b>
NAME	<b>WHYTE, DONA</b>
STREET ADDRESS	<b>RR1</b>
CITY - ST - ZIP	<b>BURNSTOWN, ONTARIO</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *[Signature]* **GARY R MOORE** June 7/95 416-395-3533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #