

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:10

DOCUMENT # S89255

(1)

1. Corporation Name

HAIR TOUCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1991
3a. Date of Last Report 03/07/1994

4. FEI Number 65-0294774
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P.O. Box 540029

27 City & State

28 ORLANDO Zip 32854 Country ORANGE

9. Name and Address of Current Registered Agent

BENEDETTI, GEORGE R.
934 N. MAGNOLIA AVE.
SUITE 310
ORLANDO FL 32803

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

Signature must be printed name of registered agent and filed appropriately. (If "Not Applicable" or "Agent Location Not Set" when registering, DATE)

12. OFFICERS AND DIRECTORS

111 TITLE DVI
112 NAME BENEDETTI, GEORGE R.
113 STREET ADDRESS 934 N. MAGNOLIA AVE. 310
114 CITY, ST, ZIP ORLANDO FL

121 TITLE DP
122 NAME DUMONT, NORMAN
123 STREET ADDRESS 934 N. MAGNOLIA AVE. #310
124 CITY, ST, ZIP ORLANDO FL

131 TITLE S
132 NAME MURRAY, JUDITH L.
133 STREET ADDRESS 934 N. MAGNOLIA AVE. #310
134 CITY, ST, ZIP ORLANDO FL

141 TITLE
142 NAME
143 STREET ADDRESS
144 CITY, ST, ZIP

151 TITLE
152 NAME
153 STREET ADDRESS
154 CITY, ST, ZIP

161 TITLE
162 NAME
163 STREET ADDRESS
164 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ Change ☐ Addition
112 NAME
113 STREET ADDRESS
114 CITY, ST, ZIP

121 TITLE ☐ Change ☐ Addition
122 NAME
123 STREET ADDRESS
124 CITY, ST, ZIP

131 TITLE ☐ Change ☐ Addition
132 NAME
133 STREET ADDRESS
134 CITY, ST, ZIP

141 TITLE ☐ Change ☐ Addition
142 NAME
143 STREET ADDRESS
144 CITY, ST, ZIP

151 TITLE ☐ Change ☐ Addition
152 NAME
153 STREET ADDRESS
154 CITY, ST, ZIP

161 TITLE ☐ Change ☐ Addition
162 NAME
163 STREET ADDRESS
164 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate for the exemption stated in Section 119.07(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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95

Signature: _____

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Norton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5: 59

DOCUMENT # S89377

(3)

1. Corporation Name

M & M MOTEL OF ARCADIA, INC.

Principal Place of Business

**P.O. BOX 630
ARCADIA FL 33821**

Mailing Address

**P.O. BOX 630
ARCADIA FL 33821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0298303

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MARDIS, MARGARET A.
HIGHWAY 17 SOUTH
ARCADIA FL 33821**

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

Signature typed or printed (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PT
MARDIS, MARGARET A.
4096 SW HWY 769
ARCADIA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PS
PENNINGTON, ALEXIS M
4096 SW HWY 769
ARCADIA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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(9)(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 changed, or on an attachment with an address.

SIGNATURE:

Margaret P. Mardis
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Mar. 20 '95 *813-494-4884*
DATE TELEPHONE

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1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:05

DOCUMENT # S89510

(9)

1. Corporation Name

ARCHIVAL TECHNOLOGIES, INC.

Principal Place of Business

**809 SOUTH ORLANDO AVENUE
SUITE C
WINTER PARK FL 32789**

Mailing Address

**809 SOUTH ORLANDO AVENUE
SUITE C
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

59-3069243

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

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTEN, JOHN P
6730 MERLIN CT
ORLANDO FL 32810**

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

Signature of person or persons of registered agent (if not applicable)

Signature of person or persons of registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
DC
NAME
PERLEY-ROBERTSON, TIM
STREET ADDRESS
809 S ORLANDO AVE, STE C
CITY ST ZIP
WINTER PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
DP
NAME
PATTEN, JOHN PATRICK
STREET ADDRESS
6730 MERLIN CT
CITY ST ZIP
ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
DST
NAME
HILL, ROBERT M
STREET ADDRESS
1534 LEEWAY AVE
CITY ST ZIP
ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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)(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 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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/95 4077466221