

**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**

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 11:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S90504 (9)**

1. Corporation Name  
**RAMON C. TOSCANO, M.D., P.A.**

Principal Office (City and State)      Mailing Address  
**5445 MARINER DRIVE, SUITE 300 TAMPA FL 33609**      **5445 MARINER DRIVE, SUITE 300 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Florida	3a. Date of Last Report
<b>10/24/1991</b>	<b>02/28/1994</b>
4. FE Number	Applied for
<b>59-3090936</b>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Other corporations in the same or similar business are registered in Florida	
Florida Statutes: <input checked="" type="checkbox"/> 215.01 <input type="checkbox"/> 215.02	

2. Principal Office (City and State)	2a. Mailing Address
21. <b>6105 HERCULES HWY</b>	26. <b>3920 3RD ST. N.</b>
22. <b>SUITE H</b>	27. <b></b>
23. <b>TAMPA, FL</b>	28. <b>ST PETERSBURG, FL</b>
24. <b>33615</b>	29. <b>33705</b>

9. Name and Address of Current Registered Agent  
**TOSCANO, RAMON C.  
5445 MARINER DRIVE  
SUITE 300  
TAMPA FL 33609**

81. Name	85. Signature
82. Street Address (City, State, Zip) (Do not include P.O. Box)	<b>33615</b>
83. <b>6105 HERCULES HWY</b>	
84. <b>SUITE H</b>	
85. <b>TAMPA, FL</b>	

11. I hereby certify that the person named in item 9 is the person who has been designated as the registered agent for the purposes of receiving notices and legal process on behalf of this corporation and that the person named in item 10 is the person who has been designated as the new registered agent for the purposes of receiving notices and legal process on behalf of this corporation.

12. **PSTD  
TOSCANO, RAMON C.  
5445 MARINER DRIVE, SUITE 300  
TAMPA FL 33609**

13. **ADDITIONAL REGISTERED AGENTS TO BE CONTACTED AND THEIR OFFICE INFORMATION**

Name	Address	City	State	Zip
<b>16120 CHRISTINA DRIVE</b>	<b>TAMPA</b>	<b>FL</b>	<b>33613</b>	

14. I hereby certify that the person named in item 9 is the person who has been designated as the registered agent for the purposes of receiving notices and legal process on behalf of this corporation and that the person named in item 10 is the person who has been designated as the new registered agent for the purposes of receiving notices and legal process on behalf of this corporation.

**SIGNATURE:** *Sandra B. Morham* **SECRETARY OF STATE**      **5/1/95**      **5:30 PM '95**

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CORPORATION  
 ANNUAL REPORT  
 1995



DEPARTMENT OF STATE  
 TALLAHASSEE  
 FLORIDA

**DOCUMENT # S90982**

**(7)**

**KARRAL OF SARASOTA, INC.**

1800 SECOND STREET  
 SUITE 735  
 SARASOTA FL 34236

1800 SECOND STREET  
 SUITE 735  
 SARASOTA FL 34236

FILED  
 APR 12  
 TALLAHASSEE, FLORIDA

FILED WITH THIS STATE

<b>3.</b> Date of last report filed		<b>3a.</b> Date of last report	
10/31/1991		03/04/1994	
<b>4.</b> Fee Number	Applied For Not Applicable		
65-0314113			
<b>5.</b> Number of shares owned		\$8.75 Additional Fee Required	
<b>6.</b> Number of shares owned Total Paid Contributions		\$5.00 May Be Added to Fees	
<b>8.</b> Other Applicable Fees (including franchise tax and other fees) Total \$			

**9. Name and Address of Current Registered Agent**  
 BENNETT, DONALD Y.  
 1800 SECOND STREET  
 SUITE 735  
 SARASOTA FL 34236

**10. Name and Address of New Registered Agent**  
 B1 Name  
 B2 Street Address (P.O. Box Preferred, if Applicable)  
 B3  
 B4 City, State, Zip  
 FL 85

**11.** If the corporation has been organized in another state, the date of incorporation in that state, the jurisdiction, and the date of incorporation in this state, and the date of incorporation in this state, if different from the date of incorporation in another state, shall be stated.

**12.** Name and Address of Shareholder  
 D  
 KARLSEN, KARI  
 1800 SECOND ST #735  
 SARASOTA FL

**13.** Additional Shareholders (Name, Address, and City, State, Zip)

Name	Address	City, State, Zip	Signature

**14.** The name of the officer or officers, and the name of the directors, and the names of the persons who have been appointed as officers, directors, or agents, shall be stated, together with their addresses, and the date of their appointment.

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

April 27 1995

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jeffrey M. Murrain  
Secretary of State  
1900 N.W. 11th Street, Room 500  
Tallahassee, Florida 32304-3000

DOCUMENT # **S90991** (8)

1. Corporation Name

**BLAS A. HERNANDEZ-LOPEZ, C.P.A., P.A.**

2. Principal Place of Business

13240 S.W. 88TH LANE  
SUITE E-206  
MIAMI FL 33186

3. Mailing Address

13240 S.W. 88TH LANE  
SUITE E-206  
MIAMI FL 33186

10/13  
TALLAHASSEE, FLORIDA

Do Not Write In This Space

21. Fiscal Year End Date

22. State of Incorporation

23. City or State

24. State of Incorporation

26. Mailing State

27. State of Incorporation

28. City or State

29. State of Incorporation

30. City or State

3. Date Registered or Qualified  
**10/31/1991**

3a. Date of Last Report  
**08/15/1994**

4. File Number  
**65-0293399**

Applied Fee  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Have you Campaign Finance  
Fund Contributions

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

8. Does corporation have liability for unpaid fees under Florida  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HERNANDEZ-LOPEZ, BLAS A.  
13240 S.W. 88TH LANE  
SUITE E-206  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 City

B4 State

**FL**

B5 Zip Code

11. I, the undersigned, being the president or secretary or other officer or agent of the corporation, hereby certify that the foregoing is a true and correct statement for the purpose of changing the registered office of the corporation in the State of Florida. I hereby accept the appointment as registered agent of the corporation.

SIGNATURE

12. Name and Address of Current Registered Agent

**D  
HERNANDEZ-LOPEZ, BLAS A  
13240 S.W. 88TH LANE  
MIAMI FL**

13. Name and Address of New Registered Agent

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE:

*Blas Hernandez Lopez*  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/1/95 305-444-0063

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CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Tallahassee, Florida 32399-0001  
Phone: (904) 493-0001

DOCUMENT # **S91149**

(2)

STELLA ENTERPRISES, INC.

10/31/1991  
SIGNED AND FILED  
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address	
1149 HILLSBORO MILE SUITE 303-N HILLSBORO BEACH FL 33062		1149 HILLSBORO MILE SUITE 303-N HILLSBORO BEACH FL 33062	
2. Filing Date	2b. Mailing Date	3. Date of Report	
21	26	10/31/1991	
4. Filing Agent	5. Certificate of Status Issued		3a. Date of Last Report
22	65-0300797		05/01/1994
23	6. Election Campaign Financing Fund Contribution		Applied For / Not Applicable
24	7. Election Campaign Financing Fund Contribution		\$8.75 Additional Fee Required
25	8. Election Campaign Financing Fund Contribution		\$5.00 May Be Added to Fees
29	9. Name and Address of Current Registered Agent		30. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent		30. Name and Address of New Registered Agent	
SIMON, REGINALD E. 1149 HILLSBORO MILE HILLSBORO BEACH FL 33062		81. Name	
		82. Street Address (Do Not Include P.O. Boxes)	
		83. City	
		84. State	
		85. Zip Code	

12. Name and Address of Registered Agent	13. Name and Address of Registered Agent
P SIMON, REGIALD E. 1149 HILLSBORO MILE HILLSBORO BCH FL VP SIMON, STELLA G. 1149 HILLSBORO MILE HILLSBORO BCH FL	

14. Signature and typed name of officer or director

**SIGNATURE:** *[Handwritten Signature]*

SIGNATURE AND TYPED NAME OF OFFICER OR DIRECTOR

13. Name and Address of Registered Agent	14. Signature and typed name of officer or director

11/24/95 305-426-3017

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

DOCUMENT # **S92542** (7)

1. Corporation Name

**CAPITOL STORAGE COMPANY, INC.**

MAY 11 10:45

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

**1722 MISSOURI AVE. SOUTH  
PO BOX 647  
ELFERS FL 34680**

3. Mailing Address

**P O BOX 647  
ELFERS FL 34680  
US**

PRINT WHEN IN THIS SPACE

3. Date incorporated or reactivated <b>11/06/1991</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-3174916</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Does corporation voluntarily file financial statements? Financials: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address	21. State	26. State	22. City	27. City	23. City	28. City	24. City	25. City	29. City	30. City
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9. Name and Address of Current Registered Agent

**COOK, HOWARD  
1722 MISSOURI AVE. SOUTH  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address, P.O. Box Number or Post Office	
B3. City	
B4. City	FL

11. I, the undersigned, being duly sworn to and qualified to do so, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS

NAME	D
COOK, HOWARD	
1722 MISSOURI AVE. SOUTH	
CLEARWATER FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	ADDRESS	Change	Address
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: *Howard Cook*  
**HOWARD COOK**

5/1/95

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CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION  
CORPORATION  
CORPORATION

DOCUMENT # **S92632**

(6)

1. Corporation Name

**PERFECT SEASON, INC.**

2. Principal Office Address

2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

3. Mailing Address

2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

2. Filing Date

21

3. Filing Agent

22

4. Filing Fee

23

5. Filing Fee

24

9. Name and Address of Current Registered Agent

LESTER, PAUL A.  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

2a. Mailing Agent

26

3. Filing Agent

27

4. Filing Fee

28

5. Filing Fee

29

9. Name and Address of Current Registered Agent

3. Filing Date

11/07/1991

3a. Filing Date Report

05/01/1994

4. Filing Fee

65-0325735

Applied Fee

Fee Application

5. Certificate of Status (Required)

\$8.75 Additional  
Fee Required

6. Certificate of Good Standing (Required)

\$5.00 May Be  
Added to Fees

8. Filing Fee

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number or P.O. Application)

83

84. City

FL

85. State

11. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am duly qualified to act as a registered agent for the corporation named herein.

12. Name and Address of Registered Agent

D  
LESTER, PAUL A.  
2601 S. BAYSHORE DR. #1600  
MIAMI FL 33133  
VP  
CRAWFORD KIRK  
2601 S BAYSHORE DR. 1600  
MIAMI FL  
P  
ELLIOT GRUSKY  
2601 S BAYSHORE DR 1600  
MIAMI FL

13. Name and Address of Registered Agent

14. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

REGISTRATION  
APPLICATION

1995



STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S93172** (2)

A TOUCH OF GRASS, INC.

11/12/1991  
TALLAHASSEE, FLORIDA

1030 ILLINOIS AVE  
WINTER PARK FL 32789

1030 ILLINOIS AVE  
WINTER PARK FL 32789

3. Date of Last Report 3a. Date of this Report

11/12/1991 03/10/1994

4. Filing Agent 59-3096396 Applied Fee Not Applicable

5. Filing Agent's State Designation \$8.75 Additional Fee Required

6. Filing Agent's State Designation \$5.00 May Be Added to Fees

7. Filing Agent's State Designation

8. Filing Agent's State Designation

21 738 CARLSON DR.

26 738 CARLSON DR.

23 ORLANDO FLORIDA

28 ORLANDO FLORIDA

24 32804

25

29 32804

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBOTT, GREGORY A.  
1030 ILLINOIS AVE  
WINTER PARK FL 32789

81 ABBOTT, GREGORY A.  
82 738 CARLSON DR.  
83

84 ORLANDO FL 85 32804

11. Filing Agent's State Designation

*Gregory A. Abbott PRES.*

4.29.95

12. P  
ABBOTT, GREGORY A.  
1030 ILLINOIS AVE  
WINTER PARK FL

13. P  
ABBOTT, GREGORY A.  
738 CARLSON DR.  
ORLANDO, FL 32804

14. SIGNATURE: *Gregory A. Abbott*  
SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4.29.95

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CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION DIVISION  
CORPORATION DIVISION  
CORPORATION DIVISION

APPROVED  
AND  
FILED

DOCUMENT # **S93196** (1)

02 MAY 11 10:52

CBS COMPUTERS, INC.

STATE OF FLORIDA  
CORPORATION DIVISION

243 E. FLAGLER ST.  
SUITE 61  
MIAMI FL 33131

243 E. FLAGLER ST.  
SUITE 61  
MIAMI FL 33131

3. Date of Incorporation or Reorganization: **11/12/1991**  
3a. Date of Last Report: **04/08/1994**

4. FIC Number: **65-0294723**  
Applied For:   
Not Applicable:

5. Certificate of Public Interest:  **\$8.75 Additional Fee Required**

6. Excess of Corporate Assets:  **\$5.00 May Be Added to Fees**

7. This corporation has adopted the Uniform Franchise Offering Circular:  Yes  No

21. Name and Address of Former Registered Agent  
22. Name and Address of Former Registered Agent  
23. Name and Address of Former Registered Agent  
24. Name and Address of Former Registered Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTOS, CARLOS ANTONIO ROSA DOS  
243 E FLAGLER ST.  
SUITE #61  
MIAMI FL 33131

81. Name  
82. Street Address (Not Post Office Box) - Not Applicable  
83.  
84. City  
85. State: **FL**

11. This corporation has adopted the Uniform Franchise Offering Circular:  Yes  No

12. Name and Address of Shareholder:  
D  
SANTOS, CARLOS A ROSA DO  
6725 HARDING AVE #405  
MIAMI BEACH FL  
D  
SANTOS, CARMEN L ROSA DO  
6725 HARDING AVE #405  
MIAMI BEACH FL  
D  
SANTOS, JOSE ROSA DOS  
6725 HARDING AVE #405  
MIAMI BEACH FL

13. Name and Address of Shareholder:  
D  
SANTOS, CARLOS A ROSA DO  
6725 HARDING AVE #405  
MIAMI BEACH FL  
D  
SANTOS, CARMEN L ROSA DO  
6725 HARDING AVE #405  
MIAMI BEACH FL  
D  
SANTOS, JOSE ROSA DOS  
6725 HARDING AVE #405  
MIAMI BEACH FL

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that I am a resident of the State of Florida, and that I am the owner of the shares of the corporation named herein, and that I am the person who has authorized the filing of this report with the Department of State.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATING OFFICER OR DIRECTOR  
**CARMEN L. ROSA DO SANTOS**

4/24/95 (305) 371-9254



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CORPORATION  
 ANNUAL REPORT  
 1995



DEPARTMENT OF STATE  
 Florida Department of State  
 Tallahassee, Florida

DOCUMENT # **S93212** (6)

LAURA E. PECK, P.A.

APPROVED  
 10 MAY 1995 11:50  
 TALLAHASSEE, FLORIDA

7601 N FEDERAL HWY  
 SUITE 200  
 BOCA RATON FL 33487

7601 N FEDERAL HWY  
 SUITE 200  
 BOCA RATON FL 33487

21 2424 North Federal Hwy  
 22 Ste. 400  
 23 Boca Raton, FL  
 24 33431 25 USA  
 26 2424 N. Federal Hwy  
 27 Ste. 400  
 28 Boca Raton, FL  
 29 33431 30 USA

3 11/12/1991 3a 01/14/1994  
 4 65-0294938  
 5 \$8.75 Additional Fee Required  
 6 \$5.00 May Be Added to Fees  
 8 X

9. Name and Address of Current Registered Agent  
 PECK, LAURA E.  
 7601 N FEDERAL HWY  
 SUITE 200  
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent  
 81  
 82 2424 N. Federal Hwy  
 83 Suite 400  
 84 Boca Raton FL 85 33431

11. I, the undersigned, being a resident qualified to be appointed guardian of the estate and the person to whom the will of the decedent is to be delivered, do hereby certify that I am the duly appointed guardian of the estate of the said decedent and the undersigned is the only person entitled to administer the estate of the said decedent.

12. PD  
 PECK, LAURA E.  
 332 PAULUS CT  
 BOCA RATON FL 33486

13. ADDITIONAL INFORMATION TO BE FURNISHED TO THE REGISTERED AGENT

14. I, the undersigned, being a resident qualified to be appointed guardian of the estate and the person to whom the will of the decedent is to be delivered, do hereby certify that I am the duly appointed guardian of the estate of the said decedent and the undersigned is the only person entitled to administer the estate of the said decedent.

SIGNATURE:

*Signature*  
 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR EMPLOYEE

4/28/95 407-447-7696