

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carolee M. McMan
Secretary of State
1995

APPROVED
AND
FILED

MAY 10 1995

STATE OF FLORIDA
TAMPA, FLORIDA

DOCUMENT # **S97855 (8)**

SEABOARD COLD STORAGE OF ANDERSON ROAD, INC.

110 SOUTH 11TH ST.
TAMPA FL 33601

110 SOUTH 11TH ST.
TAMPA FL 33601

Entity with 40000000

3. Date of Incorporation or Organization: **12/02/1991**
3a. Date of Last Report: **03/22/1994**

21. Filing Number: 59-3097774	26. Mailing Address: [Blank]	4. Filing Number: 59-3097774	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. Certificate of Status: <input type="checkbox"/>	27. Certificate of Status: <input type="checkbox"/>	5. Certificate of Status: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Election Campaign Financing: <input type="checkbox"/>	28. Election Campaign Financing: <input type="checkbox"/>	6. Election Campaign Financing: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Florida Statutes: <input checked="" type="checkbox"/>	29. Florida Statutes: <input type="checkbox"/>	7. Florida Statutes: <input checked="" type="checkbox"/>	<input type="checkbox"/>

9. Name and Address of Current Registered Agent

GLUCKMAN, JEREMY E.
100 TWIGGS ST.
SUITE 220
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name: [Blank]	85. State: FL
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]	86. Zip Code: [Blank]
83. [Blank]	
84. City: [Blank]	

11. I, the undersigned, being a resident qualified to be appointed guardian ad litem, certify that I am the duly authorized representative of the corporation and I hereby certify that the above named corporation admits the statement of the purpose of this report as required by law and that the same is true and correct and that the corporation is in good standing under the laws of the State of Florida and that the corporation is not in violation of any law of the State of Florida.

12. NAME	13. ADDITIONAL CHANGES TO BE FILED AND FOR CATEGORY
DP GREENBAUM, ELLIOT 110 S. 11TH ST. TAMPA FL ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MM GREENBAUM, LOIS 110 S. 11TH ST. TAMPA FL DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NW GREENBAUM, TOBA 110 S. 11TH ST. TAMPA FL D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SE KOGOD, SANDRA 110 S. 11TH ST. TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



RECEIVED
MAY 3 1995

DOCUMENT # **V00256**

(0)

1995 MAY 11 29

POLISH IT UP, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE. SUITE 700
MIAMI FL 33131

C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE. SUITE 700
MIAMI FL 33131

21	22	23	24	25	26	27	28	29	30
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3. Effective Date of Filing	12/05/1991	38. Filing Agent Report	05/01/1994
4. Filing Agent	65-0308875	Approved Fee	Not Applicable
5. Contribution of State Treasurer		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. This corporation has submitted for filing the following financial statements:			

9. Name and Address of Current Registered Agent
**KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE.
SUITE 700
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

11. Signature of Filing Agent
[Handwritten Signature]

12. DP
BENITEZ, JOSEPH M.
820 N.W. 87 AVE. #116
MIAMI FL
DST
BENITEZ, MARTHA
820 N.W. 87 AVE. #116
MIAMI FL

13. Address of Filing Agent

86. Name	
87. Street Address	
88. City	
89. State	
90. Zip Code	

14. Signature of Secretary
[Handwritten Signature]
SIGNATURE: **Martha Benitez, Secretary**

4-27-95 (305) 319-7860
Date
Secretary

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

DEPARTMENT OF
 PROFESSIONAL REGULATION
 1995



FLORIDA DEPARTMENT OF
 PROFESSIONAL REGULATION
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

MAY 1 11:50

DOCUMENT # **VO0431** (9)

TALLAHASSEE, FLORIDA

H & E CLOCKS, INC.

2355 S RIDGEWOOD AVE
 SO DAYTONA FL 32119

2355 S RIDGEWOOD AVE
 SO DAYTONA FL 32119

2	2a	3	3a
21	26	12/16/1991	05/01/1994
22	27	59-3101366	Applied Fee Not Applicable
23	28	5	\$8.75 Additional Fee Required
24	29	6	\$5.00 May Be Added to Fees
	30	7	Applied Fee Not Applicable

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KATZ, MICHAEL 2355-A S RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

11. I hereby certify that the information furnished on this form is true and correct. I am the person or the duly authorized representative of the person or organization named above and I am not a disqualified person as defined in the Florida Statutes. The above information is being furnished for the purpose of obtaining a registration or license. I understand that the Department of Professional Regulation may require me to provide additional information and that I may be subject to investigation and audit. I understand that any false or misleading information furnished to this department is a violation of the Florida Statutes and may result in the imposition of penalties, including the suspension or revocation of my registration or license and the imposition of civil or criminal penalties.

12. REGISTERED AGENTS	13. ADDITIONAL AGENTS TO BE REGISTERED AND/OR LICENSED
ST KATZ, RENA 2355A S RIDGEWOOD AVE S DAYTONA FL P KATZ, MICHAEL 2355-A S RIDGEWOOD AVE SOUTH DAYTONA FL	

14. I hereby certify that the information furnished on this form is true and correct. I am the person or the duly authorized representative of the person or organization named above and I am not a disqualified person as defined in the Florida Statutes. The above information is being furnished for the purpose of obtaining a registration or license. I understand that the Department of Professional Regulation may require me to provide additional information and that I may be subject to investigation and audit. I understand that any false or misleading information furnished to this department is a violation of the Florida Statutes and may result in the imposition of penalties, including the suspension or revocation of my registration or license and the imposition of civil or criminal penalties.

SIGNATURE: *Rena Katz* RENA KATZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 904-161-0077