

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. WATSON
GOVERNOR

DOCUMENT # **S98116**

(4)

ACCESS TECHNOLOGY, INC.

APPROVED
AND
FILED

12-25

FILED
CLERK OF COURT

28 W FLAGLER ST
SUITE 400
MIAMI FL 33130

28 W FLAGLER ST
SUITE 400
MIAMI FL 33130

PRINTED NAME OF NEW REGISTERED AGENT

3. Date of Incorporation (or Reorganization)	3a. Date of Last Report
12/02/1991	06/20/1994
4. FEI Number	Applied Fee
65-0395930	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. 199.042, Florida Statutes	Yes ☐ No ☒

21. State of Incorporation	2a. Mailing Address
22. State of Principal Office	2b. Mailing Address
23. State of Principal Office	2c. Mailing Address
24. State of Principal Office	2d. Mailing Address
25. State of Principal Office	2e. Mailing Address
26. State of Principal Office	2f. Mailing Address
27. State of Principal Office	2g. Mailing Address
28. State of Principal Office	2h. Mailing Address
29. State of Principal Office	2i. Mailing Address
30. State of Principal Office	2j. Mailing Address

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPIEGELMAN, GUY 28 W FLAGLER ST SUITE 400 MIAMI FL 33130	01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. 04. City FL 05. Zip Code

11. Pursuant to the provisions of sections 7.015(1) and 607.1508, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. This change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of section 7.015(1) Florida Statutes.

DECLARATION: I, the undersigned, being duly sworn, depose and say that the foregoing is true and correct. Executed on this 12th day of December, 1995.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME P D'ONOFRIO, ARTHUR M. 8010 NW 56 ST. MIAMI FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. CHANGE ☐ ADD ☐
NAME	7. NAME 8. STREET ADDRESS 9. CITY 10. STATE 11. ZIP CODE 12. CHANGE ☐ ADD ☐
NAME	13. NAME 14. STREET ADDRESS 15. CITY 16. STATE 17. ZIP CODE 18. CHANGE ☐ ADD ☐
NAME	19. NAME 20. STREET ADDRESS 21. CITY 22. STATE 23. ZIP CODE 24. CHANGE ☐ ADD ☐
NAME	25. NAME 26. STREET ADDRESS 27. CITY 28. STATE 29. ZIP CODE 30. CHANGE ☐ ADD ☐
NAME	31. NAME 32. STREET ADDRESS 33. CITY 34. STATE 35. ZIP CODE 36. CHANGE ☐ ADD ☐
NAME	37. NAME 38. STREET ADDRESS 39. CITY 40. STATE 41. ZIP CODE 42. CHANGE ☐ ADD ☐
NAME	43. NAME 44. STREET ADDRESS 45. CITY 46. STATE 47. ZIP CODE 48. CHANGE ☐ ADD ☐
NAME	49. NAME 50. STREET ADDRESS 51. CITY 52. STATE 53. ZIP CODE 54. CHANGE ☐ ADD ☐
NAME	55. NAME 56. STREET ADDRESS 57. CITY 58. STATE 59. ZIP CODE 60. CHANGE ☐ ADD ☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated in this filing. I, the undersigned, Florida Statutes. I further certify that the information included on this report is required by law and is complete and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report. I am not a resident of this state.

SIGNATURE: ARTHUR M. D'ONOFRIO 5/5/95 30C-SP2-2718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
CORPORATION REPORT

APPROVED
AND
FILED

RECEIVED MAY 10 1995
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98130**

(5)

R & G AVIATION OF SARASOTA, INC.

Previous Name of Corporation

Current Address

1594 OAK CIRCLE N
SARASOTA FL 34232

1594 OAK CIRCLE N
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/04/1991	3a. Date of last report 04/20/1994
4. FEI Number 65-0312127	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. Has corporation been liable for delinquent taxes under S. 199.032 Florida Statute? ☒ Yes ☐ No	

2. Previous Name of Corporation	2a. Current Address
21. State of Incorporation	26. State of Incorporation
22. City & State	27. City & State
23. City	28. City
24. State	29. State
25. County	30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RABINS, SY
1594 OAK CIRCLE N
SARASOTA FL 34232

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

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by this report, and that the same has been verified by the board of directors of the corporation.

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONAL ORGANIZATIONAL OFFICERS AND DIRECTORS
NAME: PTD RABINS, SY 1594 OAK CIRCLE N SARASOTA FL	NAME: ☐ Change ☐ Addition
NAME: VSD GALLAGHER, JOHN S 1569 OAKWAY SARASOTA FL	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not comply for the corporation under the provisions of Chapter 199.032, Florida Statute, and that the same has been verified by the board of directors of the corporation.

SIGNATURE:

Sy Rabins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 813 378-4603