

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # V46158

(4)

1. Corporation Name

CORAL COVE PROPERTIES, INC.

Principal Place of Business

1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

Mailing Address

1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1992

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

2. Principal Place of Business

21 **18401 Murdock Circle**

2a. Mailing Address

26 **18401 Murdock Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Pt Charlotte, Florida**

City & State

28 **Pt. Charlotte, Florida**

Zip

24 **33948**

Quantity

25

Zip

29 **33948**

County

30

4. FEI Number

NOT APPLICABLE

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**

7. This corporation has liability for intangible tax under ~~1991~~ 1992
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BATSEL, C. GUY
% BATSEL MCKINLEY & ITTERSAGEN P.A.
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name **Michael B. McKinley**
82 Street Address (P.O. Box Number is Not Acceptable)
40 Batzel, McKinley, Ittersagen, et al.
83 **18401 Murdock Circle**
84 City **Port Charlotte** 85 Zip Code **FL 33948**

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 officer 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]

6/9/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INGMAN, RICHARD D
STREET ADDRESS	1189 TAMiami TRAIL
CITY, ST, ZIP	PT. CHARLOTTE FL
TITLE	VPTD
NAME	INGMAN, GARY
STREET ADDRESS	1189 TAMiami TRAIL
CITY, ST, ZIP	PT. CHARLOTTE FL
TITLE	S
NAME	MCKINLEY, MICHAEL R
STREET ADDRESS	18401 MURDOCK CIR.
CITY, ST, ZIP	PT. CHARLOTTE FL
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	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ 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)(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

[Signature] **Michael B. McKinley 6/9/95**

815-629-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/9/95** Chapter 607, Florida Statutes

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PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V46692

(2)

1. Corporation Name

ARISIAN SOFTWARE, INC.

Principal Place of Business

6178 WOODLAKE ROAD
JUPITER FL 33450

Mailing Address

6178 WOODLAKE ROAD
JUPITER FL 33450

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1992

3a. Date of Last Report

03/31/1994

4. FEI Number

65-0344902

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

2d

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, SCOTT
1155 U.S. HIGHWAY ONE
SUITE 205
JUNO BEACH FL 33408

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

VELASQUEZ, MARK S.

STREET ADDRESS

6178 WOODLAKE ROAD

CITY - ST - ZIP

JUPITER FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. VELASQUEZ

6/9/95

(407) 743 0131