

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

APPROVED AND FILED

57 MAY 20 11:03:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LAWRENCE B. MURPHY
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # **V47174** (O)

1. Corporation Name
C AND C ELECTRICAL, INC.

Principal Place of Business: **1030 NW 200 TERRACE MIAMI FL 33169 US**
 Mailing Address: **P O BOX 4451 HOLLYWOOD FL 33003 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/01/1992** 3a. Date of Last Report: **05/01/1994**

2. Principal Officer of Corporation	2b. Mailing Address	4. FEI Number	Applied For
21	26	65-0348020	Not Applicable
22. State of Incorporation	27. State of Mailing Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24. Tax	25. Taxable	29. Tax	30. Taxable
24	25	29	30

8. This corporation has liability for enterprise tax under 5, 104 (35), Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYLAND, CYRIL
1951 N.W. 141 STREET
BAY 18
MIAMI FL 33054-4152**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
1030 NW 200 TERRACE	
83. City	
MIAMI	
84. State	
FL	
85. Zip Code	
33169	

11. Pursuant to the provisions of Sections 607.0805 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 obligation of Section 607.0805, Florida Statutes.

SIGNATURE

(Signature of Principal Officer of Corporation)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94	
12.1 NAME STREET ADDRESS CITY & STATE	P MYLAND, CYRIL 1030 NW 200 TERRACE MIAMI FL	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY & STATE	VP GRAY, PAULA 1030 NW 200 TERR MIAMI FL	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY & STATE	S LITTLE, TOYSON 1030 NW 200 TERRACE MIAMI FL	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY & STATE	T WILSON, CLIFFORD G 1030 NW 200 TERRACE MIAMI FL	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY & STATE		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY & STATE		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in (a) as hereinafter provided. 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 and make under penalty that I am responsible or liable for all the corporation or the receiver or trustee employees to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an alternate with an address.

SIGNATURE:

Cyril Myland **CYRIL MYLAND**

1/12/95

305 655-0972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V47751** (5)
1. Corporation Name
REPUBLIC INSURANCE SERVICES, INC.

Principal Place of Business
**1100 CLEVELAND ST
SUITE 837
CLEARWATER FL 34615**

Mailing Address
**1100 CLEVELAND ST.
SUITE 837
CLEARWATER FL 34615**

2. Principal Place of Business
21 State App # 101
22 City & State
23 City
24 County
25 County

2a. Mailing Address
26 State App # 101
27 City & State
28 City
29 County
30 County

APPROVED
FILED
5-15-95 10:15
TALLAHASSEE
FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date the Corporation or Qualified
07/02/1992

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

4. FEI Number
59-3134967

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 § 199 (3), Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PARKER, JAMES M
1100 CLEVELAND ST.
SUITE 837
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent
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 607 (07) 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607 05, Florida Statutes.

SIGNATURE: *James M Parker* **5-15-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 NAME 02 NAME 03 STREET ADDRESS 04 CITY ST. ZIP	PS PARKER, JAMES M 10355 PARADISE BLVD. #413 TREASURE ISLAND FL 33706	01 NAME 02 NAME 03 STREET ADDRESS 04 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05 NAME 06 STREET ADDRESS 07 CITY ST. ZIP		05 NAME 06 STREET ADDRESS 07 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08 NAME 09 STREET ADDRESS 10 CITY ST. ZIP		08 NAME 09 STREET ADDRESS 10 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME 12 STREET ADDRESS 13 CITY ST. ZIP		11 NAME 12 STREET ADDRESS 13 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME 15 STREET ADDRESS 16 CITY ST. ZIP		14 NAME 15 STREET ADDRESS 16 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME 18 STREET ADDRESS 19 CITY ST. ZIP		17 NAME 18 STREET ADDRESS 19 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME 21 STREET ADDRESS 22 CITY ST. ZIP		20 NAME 21 STREET ADDRESS 22 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(a), Florida Statutes. I further certify that the information submitted 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 as an attachment with original.

SIGNATURE: *James M Parker* **5-15-95 (813) 447-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norton
Secretary of State
1995

Approved
1995

MAY 20 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47861** (2)

HARPOON HARRY'S, INC.

1. Mailing Address 832 CAROLINE ST. KEY WEST FL 33040		2a. Mailing Address 832 CAROLINE ST. KEY WEST FL 33040		3. Date Incorporated or Qualified 07/06/1992		3a. Date of Last Report 03/28/1994	
21. Filing Agent's Name	22. Filing Agent's Title	26. Mailing Address State Apt. # etc.	27. City & State	4. F.E. Number 65-0356317	Applied For Not Applicable		
24. State	25. County	29. State	30. County	5. Certificate of State (Amended)	<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		
				8. This corporation has not received a franchise fee under the Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent COBB, ROBERT A 832 CAROLINE STREET KEY WEST FL 33040				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number's Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. I, the undersigned, the person or persons named herein, and the corporation hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
12.1 NAME VP RONALD K. HECK 832 CAROLINE ST. KEY WEST FL		13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME PRESIDENT ROBERT COBB 832 CAROLINE ST KEY WEST FL 33040		13.2 NAME PRESIDENT ROBERT COBB 832 CAROLINE ST KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.3 NAME		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee or assignee of the corporation and I am required by Chapter 407, Florida Statutes, and that my name and name of the corporation is on the attached filing with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **V48258** (0)
1. Corporation Name
HERITAGE AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business Making Address
2665 CLEVELAND AVENUE SUITE 108 FT MYERS FL 33901 **2665 CLEVELAND AVENUE SUITE 108 FT MYERS FL 33901**

APPROVED AND FILED
MAY 20 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 26. Making Address
21. Suite Apt # etc. 27. Suite Apt # etc.
22. City & State 28. City & State
23. Country 30. Country

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **04/05/1994**
4. FEI Number **65-0344415** 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 exceptions for weeks 13, 1994/1995 Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**LEGRANDE, J.L.
2069 FIRST STREET
SUITE 304
FT MYERS FL 33901**

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 607.0500 and 607.1500, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0500, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. NAME	D STEWART, SUE C.
2. STREET ADDRESS	748 PONDELLA RD #E226
3. CITY & STATE	N FT MYERS FL
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I am not guilty for the information stated in Section 119.07(4)(a), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 (change) or on an attached sheet with an address.

SIGNATURE: *Sue Stewart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95 1334-4157