

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

CORPORATION:
ANNUAL REPORT
1995



STATE DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 1 10:45

DOCUMENT # **V53926**

(4)

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

N & P OF LAKE COUNTY, INC.

2	2a	2b	2c
755 N. 14TH STREET LEESBURG FL 34748	755 N. 14TH STREET LEESBURG FL 34748		
21	26	27	28
22	23	24	25
26	27	28	29
29	30		

3. Date of Last Report	3a. Date of Last Report
07/27/1992	08/29/1994
4. FIC Number	Applied Fee
59-3133161	Not Applicable
5. Available for State Director	\$8.75 Additional Fee Required
6. Has been Campaign Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for unreported tax under 1994 Florida Statute	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRYSOCHOS, NICK CPA 1736 BUCKHORN PLACE ORLANDO FL 32825	B1 Name
	B2 Street Address (or Box Number or Not Applicable)
	B3
	B4 City
	FL B5 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, certify that the above named corporation supports the statement for the purpose of this report as registered officer or director of the corporation for the period of time stated above. If any change was effected by this corporation's board of directors, a hereby, and if the appointment of a registered agent, I am aware of the same, I have so stated in the report above.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS
Name: BISTSIOS, NICKOLAS P. Address: 800 MCKENZIE LANE LEESBURG FL 34748 Title: VP	<input type="checkbox"/> Foreign <input type="checkbox"/> Agent <input type="checkbox"/> Agent
Name: BISTSIOS, PATRICA A. Address: 800 MCKENZIE LANE LEESBURG FL 34748	<input type="checkbox"/> Foreign <input type="checkbox"/> Agent <input type="checkbox"/> Agent
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	<input type="checkbox"/> Foreign <input type="checkbox"/> Agent <input type="checkbox"/> Agent

14. I, the undersigned, certify that the information reported with this report is complete, accurate and true to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation for the period of time stated above. If any change was effected by this corporation's board of directors, a hereby, and if the appointment of a registered agent, I am aware of the same, I have so stated in the report above.

SIGNATURE: *Patricia Bistsios*
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

5/1/95 904-326-4202

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
1995

MAY 11 11:12

TALLAHASSEE, FLORIDA

DOCUMENT # **V54265** (6)
HOSPITALITY MANAGEMENT SERVICES, INC.

100 US HIGHWAY ONE
JUNO BEACH FL 33408
US

21 22 23 24 25 26 27 28 29 30

3a. Date of Incorporation: **07/24/1992**
3b. Date of Last Report: **03/18/1994**
4. EIN Number: **65-0356318**
5. Contribution of National Debt: **\$8.75 Additional Fee Required**
6. Tax Exempt Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for independent tax under 26 CFR 1361: Yes No

9. Name and Address of Current Registered Agent
**ROSS, BRIAN D
1006 10TH CT
JUPITER FL 33477**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address, P.O. Box Number or Not Applicable:
B3
B4 City, State, Zip: **FL 85**

11. I, the undersigned, 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.

12. Name and Address of Director:
**D
ROSS, BRIAN D.
1006 10 CT
JUPITER FL**

13. Name and Address of Officer:
[Blank]

14. I, the undersigned, 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.

SIGNATURE: **BRIAN D. ROSS PRES. 4-30-95 (407) 746-5880**

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Central Office
Tallahassee, Florida
CORPORATIONS

DOCUMENT # **V54267**
BIRTH CENTERS OF FLORIDA, INC.

(2)

FORM 6

RECEIVED
MAY 11 1994
11:10
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Effective Date of Report		3a. Date of Last Report	
2028 CROASDAILE DRIVE DURHAM NC 27705 US		ATTN: TAX DEPARTMENT P.O. BOX 15909 DURHAM NC 27704 US		07/30/1992		05/01/1994	
2. State of Incorporation	2a. Mailing Address	4. FE Number		Applied For		Not Applicable	
21		59-0784286 56-1788288					
22	26	5. Certificate of Status (Domestic)		<input type="checkbox"/>		\$8.75 Additional Fee Required	
23	27	6. Filing of Annual Report (Domestic)		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	28	7. Does corporation have only one shareholder who is a natural person?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				81	Name		
				82	Street Address, P.O. Box Number, if Applicable		
				83	City		
				84	State		
				FL	85		

11. I, the undersigned, being a duly qualified and authorized officer or agent of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as they exist and are not intended to be construed as a representation of the Florida Department of State.

12. Name and Address of Agent	13. Agent's Name and Address
PD CADWALLADER, ROBERT T JR 2828 CROASDAILE DRIVE DURHAM NC S NEUGEBAUER, SHERY A 2828 CROASDAILE DRIVE DURHAM NC VD WALLS, BERTRAM E M.D. 2828 CROASDAILE DRIVE DURHAM NC TD SHERMAN, POKOLSKY M M.D. 2828 CROASDAILE DRIVE DURHAM NC AS ANDREWS, R D 2828 CROASDAILE DRIVE DURHAM NC	Durham, NC Neugebauer, Sheryl A. Podolsky, Sherman M. MD

14. I, the undersigned, being a duly qualified and authorized officer or agent of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as they exist and are not intended to be construed as a representation of the Florida Department of State.

SIGNATURE: R. David Andrews 4-28-95 919-383-0355

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CORPORATION
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1995



OFFICE OF THE SECRETARY OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55100** (4)
MECANICA CATSI OF FLORIDA II, INC.

Principal Office Address: 100 NORTH BISCAYNE BLVD. MIAMI FL 33132
Mailing Address: 100 NORTH BISCAYNE BLVD. MIAMI FL 33132

2. Principal Office City: Miami, Florida
21. State of Incorporation: FL
22. Date of Report: 07/30/1992
23. Fiscal Year: 07/30/1992
24. Name and Address of Current Registered Agent: HOLBROOK, VESTER W, NEW WORLD TOWER STE #903, 100 N BISCAYNE BLVD, MIAMI FL 33132

3. Date of Report: 07/30/1992
3a. Date of Last Report: 08/05/1994
4. FIC Number: 65-0361949
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Florida Statute: 30 No.

9. Name and Address of Current Registered Agent
HOLBROOK, VESTER W
NEW WORLD TOWER STE #903
100 N BISCAYNE BLVD
MIAMI FL 33132

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (Not Box Number or Post Office Box): _____
83. _____
84. City: _____
85. State: **FL**

11. I, the undersigned, being a qualified officer or director of the corporation, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a qualified officer or director of the corporation.

12. Officers and Directors:
HOLBROOK, V.W. PRESIDENT & GM
100 N. BISCAYNE BLVD.
MIAMI FL
S
IRBY, ROY C
100 N BISCAYNE BLVD STE 903
MIAMI FL

13. Authorized Signatory:
Name: _____
Address: _____
City: _____
State: _____

14. I, the undersigned, being a qualified officer or director of the corporation, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a qualified officer or director of the corporation.

SIGNATURE: *Vester W. Holbrook*
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR

APPROVED
08 MAY 1994
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mather
Secretary, Florida
Tallahassee, Florida 32310

APPROVED
7/10
8/10

ISSUED BY THE SECRETARY

DOCUMENT # **V55325**

(7)

BENNETT MARKETING INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation	2a. Mailing Address
2. Registered Office Address	2b. Mailing Address
3. Date of Incorporation	3a. Date of Incorporation
4. Telephone Number	4. Telephone Number
5. Jurisdiction of State (Federal)	5. Jurisdiction of State (Federal)
6. Election Campaign Financing	6. Election Campaign Financing
7. Total Equal Contributions	7. Total Equal Contributions
8. Total Campaign Contributions	8. Total Campaign Contributions
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

3b. Date of Incorporation	3b. Date of Incorporation
08/05/1992	04/29/1994
4. Telephone	4. Telephone
59-3136998	
5. Jurisdiction of State (Federal)	5. Jurisdiction of State (Federal)
	\$8.75 Additional Fee Required
6. Election Campaign Financing	6. Election Campaign Financing
Total Equal Contributions	\$5.00 May Be Added to Fees
7. Total Campaign Contributions	7. Total Campaign Contributions
Total Campaign Contributions	Total Campaign Contributions
	FL 65

9. Name and Address of Current Registered Agent
**JACOBSON, BENNETT
10602 ILEX STREET
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number or Apt. No. optional)
83. City
84. State

11. I, the undersigned, being a qualified elector, do hereby certify that the above named corporation is qualified to do business in this state and that the officers and directors named herein are qualified to do business in this state. I do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.
Bennett Jacobson
4/30/95

12. LIST OF OFFICERS AND DIRECTORS

D	JACOBSON, BENNETT J.	10602 ILEX STREET TAMPA FL
D	JACOBSON, JUDITH L.	10602 ILEX STREET TAMPA FL

13. LIST OF OFFICERS AND DIRECTORS

1. NAME	2. STREET ADDRESS (P.O. BOX NUMBER OR APT. NO. OPTIONAL)	3. CITY	4. STATE

14. I, the undersigned, being a qualified elector, do hereby certify that the above named corporation is qualified to do business in this state and that the officers and directors named herein are qualified to do business in this state. I do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.
SIGNATURE: *Bennett Jacobson* **BENNETT J. JACOBSON** 4/30/95 813 935 0711

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APPROVED
83
FILED

MAY 10 10:46

DOCUMENT # **V56562** (4)
BALDWIN INTERIORS, INC.

NAPLES, FLORIDA

666 3RD STREET S
P.O. BOX 1243
NAPLES FL 33939
US

666 3RD ST SO #106
P O BOX 1243
NAPLES FL 33939
US

3. Effective Date of Registration	3a. Date of Last Report
08/11/1992	04/25/1994
4. Filing Number	Applied For Not Applicable
65-0350276	
5. Estimated Annual Fee	\$8.75 Additional Fee Required
6. Estimated Annual Fee	\$5.00 May Be Added to Fees
7. Estimated Annual Fee	

21. 300 5th Ave South

26. P.O. Box 1243

22. SUITE #316

27. NAPLES, FL

23. NAPLES, FL

28. NAPLES, FL

24. 33940

25. U.S.A

29. 33939

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALDWIN, LISA
666 3RD ST SO #106
NAPLES FL 33939

81. BALDWIN INTERIORS, INC.
82. 300 5th Ave South #316
83.
84. NAPLES FL 33940

11. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Lisa Baldwin, President

May 1, 1995

12. P
BALDWIN, LISA
666 3RD S #106
NAPLES FL

13. NAPLES, FL 33940

14. SIGNATURE: *Lisa Baldwin, President*
SIGNATURE AND TITLE OR POSITION (NAME OF SIGNER), OFFICER OR DIRECTOR

May 1, 1995 813 643 020 5