

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55647**

(4)

MAIOLLO CAMPBELL & WOTTON, P.A.

Principal Place of Business
**1440 GENE STREET
WINTER PARK FL 32789**

Mailing Address
**1440 GENE STREET
WINTER PARK FL 32789**

2. Fiscal Year End Date

21

2a. Mailing Address

26

Date April etc.

27

City & State

28

City & State

29

City & State

30

City & State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1992

3b. Date of Last Report

05/10/1994

4. FEI Number

59-3139515

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 § 190.03, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**WOTTON, DAVID G.
1440 GENE STREET
WINTER PARK FL 32789**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Designated Agent or Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	WOTTON, DAVID G.
3. STREET ADDRESS	1440 GENE STREET
4. CITY & STATE	WINTER PARK FL
5. TITLE	D
6. NAME	MAIOLLO CAMPBELL, MARIE T
7. STREET ADDRESS	1440 GENE STREET
8. CITY & STATE	WINTER PARK FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.03(4)(b), Florida Statutes. I further certify that the information is stated 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 new or former registered agent(s) to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report. I am an attorney with an address:

SIGNATURE

(Signature of David G. Wotton)

Printed - **DAVID G. WOTTON, PRESIDENT** 05-18-95

407-695-1100

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

STAMPED MAY 10 1995

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V56089 (8)

1. Corporation Name

JACK OF SPADES TOURS, INC.

Previous Place of Business

**261 SPRINGS COLONY CIRCLE
APT 268
ALTAMONTE SPRINGS FL 32714**

Current Address

**261 SPRINGS COLONY CIRCLE
APT 268
ALTAMONTE SPRINGS FL 32714**

ENTER WRITE IN THIS SPACE

3. Date the Corporation Qualified

08/03/1992

3a. Date of Last Report

05/01/1994

4. FIC Number

59-3185501

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. Does corporation intend to file with the Secretary of State a report of its Florida Statutes

☐ Yes ☒ No

2. Previous Place of Business

21. Name

22. City, State

23. City, State

24. City, State

2a. Current Address

26. Name

27. City, State

28. City, State

29. City, State

30. City, State

9. Name and Address of Current Registered Agent

**GOLDSTEIN, SAMUEL P.
261 SPRINGS COLONY CIRCLE
APT 268
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) Florida Statutes, the above named corporation hereby files 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 responsibilities of Sections 607.01(2)(b) Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (If Different from Above)

Signature of New Registered Agent (If Different from Above)

AT

12. OFFICERS AND DIRECTORS

12a. NAME	D
12b. STREET ADDRESS	GOLDSTEIN, SAMUEL P. 261 SPRINGS COLONY CIRCLE, #268 ALTAMONTE SPGS. FL
12c. CITY, STATE	
12d. NAME	
12e. STREET ADDRESS	
12f. CITY, STATE	
12g. NAME	
12h. STREET ADDRESS	
12i. CITY, STATE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, STATE	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY, STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY, STATE	
13d. NAME	☐ Change ☐ Addition
13e. STREET ADDRESS	
13f. CITY, STATE	
13g. NAME	☐ Change ☐ Addition
13h. STREET ADDRESS	
13i. CITY, STATE	
13j. NAME	☐ Change ☐ Addition
13k. STREET ADDRESS	
13l. CITY, STATE	
13m. NAME	☐ Change ☐ Addition
13n. STREET ADDRESS	
13o. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not comply for the requirements stated in Sections 607.01(2)(b) Florida Statutes. I further certify that the information was provided in the annual report or biennial report or annual report is true and correct 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 majority or a person employed to receive the 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 attached sheet with my address.

SIGNATURE:

Samuel P. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL P. GOLDSTEIN

17 May 95

**407
682-7529**

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 22 1995 17

DOCUMENT # **V56992** (3)
ARTISTIC ATTIRE II, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11250 SW 137 AVE
MIAMI FL 33186
US

11250 SW 137 AVE
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created 08/12/1992 3a. Date of Last Report 05/01/1994

4. FFI Number 65-0363905 Applied For Not Applicable

5. Certificate of Status Deemed ☐ \$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 § 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 State Apt # etc 26 State Apt # etc

22 City & State 27 City & State

23 City & State 28 City & State

24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, BERNARD F
7731 SE 62ND AVE
SUITE 203
MIAMI FL 33143

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 607.0902 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Signature required on this page)

Signature of Registered Agent (Signature required on this page)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	PETTIT, FRANCES R
12.3 STREET ADDRESS	16120 SW 88TH AVE RD
12.4 CITY, ST, ZIP	MIAMI FL
12.5 TITLE	P
12.6 NAME	D'AMICO, LINDA
12.7 STREET ADDRESS	12805 SW 115 CT
12.8 CITY, ST, ZIP	MIAMI FL
12.9 TITLE	VP
12.10 NAME	D'AMICO, BENJAMIN H
12.11 STREET ADDRESS	12805 SW 115 CT
12.12 CITY, ST, ZIP	MIAMI FL
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	VP/T	☒ Change ☐ Addition
13.2 NAME	Pettit, Frances	
13.3 STREET ADDRESS	16120 SW 88 Ave Rd	
13.4 CITY, ST, ZIP	Miami, FL	
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		☐ Change ☐ Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 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 Sections 139.07(1)(b), Florida Statutes. Further, I 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE:

Linda D'Amico

Linda D'Amico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95

305 886-6111

Telephone Number