

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

CORPORATION
ANNUAL REPORT
1995



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

APR 25 1995

DOCUMENT # **V57707** (4)

SUMMARY 1/1/10:51

G & G WHOLESALE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 235 SW 95TH PLACE MIAMI FL 33174
Mailing Address: 235 SW 95TH PLACE MIAMI FL 33174

DEFINITIONS: SEE RULES, CHAPTER 61

3. Date incorporated or organized: 08/11/1992		9a. Date of Last Report: 10/04/1994	
4. FID Number: 65-0351434		Fees and Charges: \$8.75 Additional Fee Required	
5. Certificate of Status Desired: <input type="checkbox"/> []		Fees and Charges: \$5.00 May Be Added to Fees	
6. Election Campaign Financing: <input type="checkbox"/> []		Fees and Charges: \$5.00 May Be Added to Fees	
7. This corporation has submitted to the Florida Secretary of State:		Fees and Charges: \$5.00 May Be Added to Fees	
8. This corporation has submitted to the Florida Secretary of State:		Fees and Charges: \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent: OROZCO, OSVALDO R 1378 CORAL WAY 4TH FLOOR MIAMI FL 33145				10. Name and Address of New Registered Agent:			
81	Name:			81	Name:		
82	Street Address (if P.O. Box location is Not Acceptable):			82	Street Address (if P.O. Box location is Not Acceptable):		
83	City & State:			83	City & State:		
84	Zip:			84	Zip:		

11. I, the undersigned, the principal officer of the corporation, certify that the information furnished in this statement is true and correct. I am a resident of the State of Florida and have been authorized by the Board of Directors to execute this statement for the purposes of the registration of the corporation. I am a resident of the State of Florida and have been authorized by the Board of Directors to execute this statement for the purposes of the registration of the corporation.

12. OFFICERS AND DIRECTORS	13. ACCEPTED OFFICERS AND DIRECTORS
S GUERRA, ANA E 235 S.W. 95TH PLACE MIAMI FL 33174	
P GUTIERREZ, LESBIA P 235 S.W. 95TH PLACE MIAMI FL 33174	
VP GUERRA, ARMANDO J 235 S.W. 95TH PLACE MIAMI FL 33174	

14. I, the undersigned, certify that the information supplied in this statement is true and correct. I am a resident of the State of Florida and have been authorized by the Board of Directors to execute this statement for the purposes of the registration of the corporation. I am a resident of the State of Florida and have been authorized by the Board of Directors to execute this statement for the purposes of the registration of the corporation.

SIGNATURE: *Heslia P. Gutierrez*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/25/95 (305)228-2696

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APPROVED
 (103)
 (100)

08/20/1992

MAJOR HOMES, INC.

CORPORATION
 ANNUAL REPORT
 1995



DOCUMENT # **V59661** (1)

MAJOR HOMES, INC.

12670 NEW BRITTANY BLVD. #101
 FT. MYERS FL 33907

12670 NEW BRITTANY BLVD. #101
 FT. MYERS FL 33907

21	26
22	27
23	28
24	29
25	30

3. Date incorporated or qualified	3a. Date of last Report
08/20/1992	08/02/1994
4. FEI Number	Applied For Not Applicable
59-3211269	
5. Date State of Status Changed	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Financial Statements	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY BLVD.
 SUITE 101
 FT. MYERS FL 33907

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

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida at the time of filing this report. I further 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 at the time of filing this report.

12. OFFICERS AND DIRECTORS	13. ALTERNATE MANAGERS, EMPLOYEES, AND CONTRACTORS
SV SCHWARZMEIER, WILLIBALD 1303 HOMESTEAD ROAD NORTH LEHIGH ACRES FL P WAGNER, OSKAR 1303 HOMESTEAD ROAD LEHIGH ACRES FL	

14. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida at the time of filing this report. I further 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 at the time of filing this report.

SIGNATURE: *Will Schwarzmeier* - VP WILLIBALD SCHWARZMEIER 08-1-95 813 364-2989

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GUY W. HATHORN
GOVERNOR
TALLAHASSEE, FLORIDA

DOCUMENT # **V59892** (2)
MANATEE MARINE SERVICES, INC.

APPROVED
FILED
MAY - 1 1995
TALLAHASSEE, FLORIDA

Principal Office Location: 3565 SE ST. LUCIE BLVD. STUART FL 34997 US
 Mailing Address: 3565 SE ST. LUCIE BLVD. STUART FL 34997 US

2. Principal Office Telephone: 21
 3. Mailing Address: 26
 4. State of Incorporation: 22
 5. Date of Incorporation: 23
 6. Name and Address of Current Registered Agent: 24-25
 7. Name and Address of New Registered Agent: 29-30

Date of 1994 Report: 08/21/1992
 Date of Last Report: 08/10/1994
 4. FIC Number: 65-0353416
 5. Estimated State of Income: \$8.75 Additional Fee Required
 6. Estimated Corporate Income Tax: \$5.00 May Be Added to Fees
 7. Has a corporation or subsidiary of this corporation been organized in another state? Yes No

9. Name and Address of Current Registered Agent: **SISCO, RAYMOND E. III
4905 SOUTHEAST DIXIE HIGHWAY
PORT SALERNO FL 34992**
 10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (If different from 9. Name and Address):
 83. City:
 84. State: **FL**
 85. Zip Code:

11. If a change of registered agent has been made since the date of the last report, the corporation is required to file this report within 60 days of the date of the change. If the corporation is required to file this report within 60 days of the date of the change, the corporation is required to file this report within 60 days of the date of the change.

12. OFFICERS AND DIRECTORS	13. AGENTS FOR SERVICE OF PROCESS AND REGISTERED AGENTS
NAME: D SISCO, RAYMOND E. III ADDRESS: 4905 S.E. DIXIE HGHWAY. PORT SALERNO FL TITLE:	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: D GIALLANZO, STEPHEN J. ADDRESS: 4905 S.E. DIXIE HGHWAY. PORT SALERNO FL TITLE:	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____
NAME: _____ ADDRESS: _____ TITLE: _____	NAME: _____ ADDRESS: _____ TITLE: _____

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts and is true and correct to the best of my knowledge and belief, and I am a duly qualified and authorized officer or director of the corporation.

SIGNATURE: _____
 SIGNATURE AND TYPE OR PRINTED NAME OF HONORARY OFFICER OR DIRECTOR
 4-25-95 407-220-6916

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CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA

APPROVED

DOCUMENT # **V60155**
FURNITURE DISCOUNTERS, INC.

(1)

08/26/1992

SECURITY CODE
TALLAHASSEE, FLORIDA

<p>5699 SOUTH U.S. 1 FT. PIERCE FL 34982</p>		<p>5699 SOUTH U.S. 1 FT. PIERCE FL 34982</p>		<p>08/26/1992</p>		<p>01/21/1994</p>	
21	26	22	27	24	25	29	30
<p>9. Name and Address of Current Registered Agent</p>				<p>10. Name and Address of New Registered Agent</p>			

SIMON, GRACE
350 N.E. GLENTREY AVENUE
PORT ST. LUCIE FL 34983

81	Name		
82	Street Address (P.O. Box Number if Not Applicable)		
83	City		
84	FL		85

11. I hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am the duly authorized officer of the corporation to execute this report.

12. NAME AND ADDRESS OF REGISTERED AGENT	13. AGENT TYPE, CLASSIFICATION AND LICENSE TYPE
DP ORSINI, ANDREA 810 SHERIDAN AVE. ESCONDIDO CA	DP CLASSIFICATION LICENSE TYPE
DST SIMON, GRACE 350 N.E. GLENTREY AVE. PORT ST LUCIE FL	DST CLASSIFICATION LICENSE TYPE
DV SIMON, WILSON 350 N.E. GLENTREY AVE. PORT ST LUCIE FL	DV CLASSIFICATION LICENSE TYPE

14. I hereby certify that the information reported in this report is true and correct to the best of my knowledge and belief, and that I am the duly authorized officer of the corporation to execute this report.

SIGNATURE: *Wilson Simon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (WILSON SIMON)

4/27/95 467-467-CC 28

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

**APPROVED
AND
FILED**

REGISTRATION
OFFICE
1995



STATE OF FLORIDA
REGISTERED AGENTS
OFFICE OF THE
COMMISSIONER OF
REGISTRATION

25 MAY -1 1994 10:26

DOCUMENT # V60226 (0)

STATE OF FLORIDA
WELLINGTON, FLORIDA

FASHIONS FOR U TOO, INC.

2500 SANDSTONE COURT
WELLINGTON FL 33414

2500 SANDSTONE COURT
WELLINGTON FL 33414

PLEASE PRINT OR TYPE IN THE FOLLOWING

2. Date of Registration		2a. Date of Renewal		3. Date of Application	3a. Date of Last Report
21		26		08/24/1992	05/01/1994
22		27		4. FEI Number	Registered Agent New Applicant
23		28		5. Certificate of Status Fee Paid	\$8.75 Additional Fee Required
24		29		6. Election of Campaign Finance Law Federal Election Contributions	\$5.00 May Be Added to Fees
25		30		7. I am a resident of the State of Florida and am a resident of the State of Florida	<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

KATZ, IRWIN
2500 SANDSTONE COURT
WELLINGTON FL 33414

81. Name	
82. Street Address	
83.	
84.	
85. Zip Code	FL

11. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am qualified to perform the duties of a registered agent in the State of Florida.

EXPLANATION

12.	13.	AGENCY TYPE (CIRCLE ONE)	REGISTERED AGENT (CIRCLE ONE)
D KATZ, IRWIN 2500 SANDSTONE CT. WELLINGTON FL		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
D KATZ, SHEILA 2500 SANDSTONE CT. WELLINGTON FL		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l
		<input type="checkbox"/> Sole <input type="checkbox"/> All	<input type="checkbox"/> New <input type="checkbox"/> Add'l

14. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am qualified to perform the duties of a registered agent in the State of Florida.

SIGNATURE:
SIGNATURE AND TYPE IN THE PROPER NAME OF REGISTERED AGENT OR DIRECTOR

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INCORPORATION
 ANNUAL REPORT
 1995



OFFICE OF STATE
 SECRETARIES
 1000 BANK BUILDING
 TALLAHASSEE, FLORIDA 32304-2500

ALREADY
 FILED

DOCUMENT # **V61200** (4)

DATE OF FILING: 04/26

FILED IN: FLORIDA

GOURMANDISE, INC.

500 W CYPRESS CRK RD
 STE 500
 FORT LAUDERDALE FL 33309
 US

500 W CYPRESS CREEK RD, STE 500
 FORT LAUDERDALE FL 33309
 US

21	26
22	27
23	28
24	29
25	30

3	3a
09/01/1992	04/27/1994
4	5
65-0357024	\$8.75 Additional Fee Required
6	7
Florida Statutes	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BELL, JAMES D
 500 W CYPRESS CRK RD
 STE 500
 FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	05
	Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS

P	BELL, MARIA A 500 W CYPRESS CRK RD FT. LAUDERDALE FL VPD
NAM	SERFUSTINI, ANTHONY 500 CYPRESS CREEK RD W FT. LAUDERDALE FL
TS	ZATORIS, LEN 837 NE 17TH TERRACE FT. LAUDERDALE FL

13.	ADDITIONS CHANGED TO OFFICERS AND DIRECTORS
NAM	President PATRICK MOREY 1095 SE 17th St FT. Lauderdale, Fla 33316
NAM	Vice president GIUVANNI SOTGIU 1055 SE 17th St FT. Lauderdale, Fla
NAM	WILLIAM GILPATRICK 1095 SE 17th St FT. Lauderdale 33316

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.

SIGNATURE: *Maria A Bell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JERRY B. MOHRMAN
COMMISSIONER

APPROVED
09/01/1992

09/01/1992 11:03

1501 S STATE RD 7
HOLLYWOOD, FLORIDA

DOCUMENT # V61229

(3)

K.B.T., INC.

Principal Office
1501 S STATE RD 7
HOLLYWOOD FL 33023

Main Office
1501 S STATE RD 7
HOLLYWOOD FL 33023

Effective With Return of

3. Date of Incorporation in U.S. 09/01/1992 3a. Date of Incorporation 06/21/1994

4. FIC Number 65-0356468

5. Certificate of Status Fee \$8.75 Additional Fee Required

6. Election Campaign Material Fee \$5.00 May Be Added to Fees

8. This corporation is eligible for a simplified procedure for filing its annual report.

2. State of Incorporation 21
2a. Main Office 26
2b. Other Office 27
2c. Other Office 28
2d. Other Office 29
2e. Other Office 30

9. Name and Address of Current Registered Agent

CLARK, ROBERT L.
1501 S STATE RD 7
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address, City, State and Zip
B3.
B4. State FL B5. Zip

11. If the corporation has a change of registered agent, it must file this form with the Department of State. The new registered agent must be a resident of Florida or a corporation organized under the laws of the United States and authorized to do business in Florida.

12. DPT
NIEBUNG, KENNETH
1501 S STATE RD 7
HOLLYWOOD FL
DVS
CLARK, ROBERT L
1501 S STATE RD 7
HOLLYWOOD FL

13. Applicable to corporations that are not eligible for the simplified procedure for filing their annual reports.

14. If the corporation has a change of registered agent, it must file this form with the Department of State. The new registered agent must be a resident of Florida or a corporation organized under the laws of the United States and authorized to do business in Florida.

SIGNATURE:

Robert Clark

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR AGENT FOR FILING

4/18/92

7/21/92

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
32399-0250

APPROVED
AND
FILED

95 MAY 1 10:08

DOCUMENT # **V61306**

(9)

PEREZ - GRYBOWSKI, INC.

REGISTRATION AREA

1. State of Incorporation FL	2a. Annual Report 26
2. State of Principal Office FL	2b. Annual Report 26
3. State of Mailing Office FL	3. Date of Last Report 09/02/1992
4. State of Registered Office FL	3a. Date of Last Report 04/22/1994
5. State of Registered Office FL	4. Fee Number 65-0356247
6. State of Registered Office FL	5. Additional Fees \$8.75 Additional Fee Required
7. State of Registered Office FL	6. Fee to be Added \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PEREZ, ILEANA S.
9641 SW 66 STR
MIAMI FL 33173

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. State

12. DP PEREZ, ILEANA S. 9641 SW 66 STR MIAMI FL	13. VP PEREZ, RENE 9641 SW 66TH ST. MIAMI FL
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP
VP	VP

SIGNATURE:  **RENE PEREZ** 4-28-95 (306) 590-5358

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR