

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G19283

(2)

1. Corporation Name

MILANO CREATIONS, INC.



Principal Place of Business

208 NEWBRIDGE RD.
PO BOX 927
HICKSVILLE NY 11801

Mailing Address

208 NEWBRIDGE RD.
PO BOX 927
HICKSVILLE NY 11801

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KASENDORF, RAY
2671 EMORY DR E
W PALM BCH FL 33415

3. Date Incorporated or Qualified

01/19/1983

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2259934

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

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 607.0502 and 607.1528, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
KASENDORF, RAY
2671 EMORY DR E
W PALM BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
KASENDORF, MARION
2671 EMORY DR, EAST
WEST PALM BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
KASENDORF, MICHAEL
33 LONGRIDGE RD.
PLAINVIEW NY

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV
SMITH, JAMES
3789 TRADING PT. LANE
VIRGINIA BCH VA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

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 registered agent or authorized person to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as subject of or on an appointment with an address.

SIGNATURE: *Michael Kasendorf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KASENDORF, PRES.

3/12/96

576-433-6884

CR2E034 (12/95)