

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 # P95000033624 (4)

1. Corporation Name

AT YOUR REQUEST, INC.



Principal Place of Business

Mailing Address

10166 N.W. 21ST STREET  
PEMBROKE PINES FL 33026-1802

10166 N.W. 21ST STREET  
PEMBROKE PINES FL 33026-1802

3. Date Incorporated or Qualified  
04/24/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

4. FEI Number

65-0584081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITINGER, MARIAN K  
10166 N.W. 21ST STREET  
PEMBROKE PINES FL 33026-1802

81 Name

Same as adjacent

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

No Change

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Co-Owner	<input checked="" type="checkbox"/> DELETE
NAME	Michael Charnin	
STREET ADDRESS	3301 N. 72 Terrace	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	Co-Owner	<input type="checkbox"/> DELETE
NAME	Deborah Charnin	
STREET ADDRESS	3301 N. 72 Terrace	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	Co-Owner	<input type="checkbox"/> DELETE
NAME	Marian K. Mitinger	
STREET ADDRESS	10166 NW 21 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33026-1802	
TITLE	Co-Owner	<input type="checkbox"/> DELETE
NAME	Richard N. Mitinger	
STREET ADDRESS	10166 NW 21 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33026-1802	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director, V, T
2.3 STREET ADDRESS	Deborah Charnin
2.4 CITY-ST-ZIP	3301 N. 72 Terrace
3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director, President
3.3 STREET ADDRESS	Marian K. Mitinger
3.4 CITY-ST-ZIP	10166 N.W. 21 Street
4. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director, Secretary
4.3 STREET ADDRESS	Richard N. Mitinger
4.4 CITY-ST-ZIP	10166 N.W. 21 Street
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 on an attachment with an address.

SIGNATURE: Marian K. Mitinger, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/15/96 (954) 432-9164  
Daytime Phone #

CR2E034 (12/95)