

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 307014 (1)

1. Corporation Name
FLA-MANGO, INC.Principal Place of Business
5920 S W 36 TERR
FT LAUDERDALE FL 33312Mailing Address
5920 S W 36 TERR
FT LAUDERDALE FL 33312-62393. Date Incorporated or Qualified
07/12/19663a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1147954Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GREENFIELD, HOWARD
2791 FLA-MANGO ROAD
LAKE WORTH FL 33460

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

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

PD
GREENFIELD, HOWARD
2791 FLA-MANGO RD.
LAKE WORTH FL
ST-ZIP

DELETE

D
GREENFIELD, LENORE
2724 N. GARDEN DR.
LAKE WORTH FL
ST-ZIP

DELETE

T
GREENFIELD, LENORE
2724 N. GARDEN DR.
LAKE WORTH FL
ST-ZIP

DELETE

E
ST ADDRESS
ST-ZIP

DELETE

E
ST ADDRESS
ST-ZIP

DELETE

T ADDRESS
ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change Addition21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change Addition31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)