FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **613200** **(5)**

1. Corporation Name

M. MORTIGLIENGO, INC.

Principal Place of Business	Mailing Address
C/O TUSCAN, LEO M. (ACCOUNTANT) 1412 JACKSON ST. STE 4 FT MYERS FL 33901	C/O TUSCAN, LEO M. (ACCOUNTANT) 1412 JACKSON ST. STE 4 FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

4. FEI Number: 59-1884669 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORTIGLIENGO,M.
1412 JACKSON ST. STE 4
FT MYERS FL 33901

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 607.1508, 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	MORTIGLIENGO,M	1.2 NAME	
STREET ADDRESS	1412 JACKSON ST. STE 4	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	33901-2830
TITLE	VSD	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	~~MORTIGILIENGO, EVELYNE~~	2.2 NAME	MARK MORTIGLIENGO
STREET ADDRESS	~~1412 JACKSON ST. STE 4~~	2.3 STREET ADDRESS	1412 JACKSON ST., SUITE 4
CITY-ST-ZIP	~~FT MYERS, FL 00000~~	2.4 CITY-ST-ZIP	FORT MYERS, FL 33901-2830
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 [illegible]

SIGNATURE: Leo M. Tuscan, TAX OFFICER LEO M. TUSCAN 4-30-95 813-334-3722
SIGNATURE OF RECORD OFFICER OR DIRECTOR DATE Daytime Phone #

0318939 CP