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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 836520

(7)

1. Corporation Name

MUTUAL SERVICE CORPORATION

Principal Place of Business

250 AUSTRALIAN AVE S
STE 1800
WPB FL 33401
US

Mailing Address

PO BOX 24777
WPB FL 33416-4777
US

3. Date Incorporated or Qualified

06/15/1976

3a. Date of Last Report

04/30/1996

4. FEI Number

38-1893570

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KAMINSKI, DENNIS S. C/O MUTUAL SERVICE
250 AUSTRALIAN AVE, SOUTH
SUITE 1800
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DIXON, JOHN L
STREET ADDRESS 11043 THYME
CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE VT ☐ DELETE
NAME POFF, JOHN W
STREET ADDRESS 3646 CYPRESS EDGE DRIVE
CITY-ST-ZIP LAKE WORTH FL

TITLE S ☐ DELETE
NAME MILFS, AUDREY
STREET ADDRESS 26922 ROCKING HORSE LN
CITY-ST-ZIP LAGUNA HILLS CA

TITLE V ☐ DELETE
NAME KAMINSKI, DENNIS S.
STREET ADDRESS 13632 BRIGHTSTONE STREET
CITY-ST-ZIP WELLINGTON FL

TITLE DC ☐ DELETE
NAME SCHAFER, GLENN S
STREET ADDRESS 24036 CORMORANT LN
CITY-ST-ZIP LAGUNA NIGUEL CA

TITLE D ☒ DELETE
NAME CVENGROS, WILLIAM D
STREET ADDRESS 31975 PEPPERTREE BEND
CITY-ST-ZIP SAN JUAN CAPISTRANO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME ABRAM, PATRICIA J.
1.3 STREET ADDRESS 3646 CYPRESS EDGE DRIVE
1.4 CITY-ST-ZIP LAKE WORTH, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME ROBINSON, GERALD W.
6.3 STREET ADDRESS 35 PLAZA CALOROSO
6.4 CITY-ST-ZIP SAN JUAN CAPISTRANO, CA

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 835-4100

CR2E034 (9/96)