

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F37891** (1)

1. Corporation Name

MARGATE INVESTMENT CORPORATION



Principal Place of Business

P. O. BOX 291298
PORT ORANGE FL 32129
US

Mailing Address

P. O. BOX 291298
PT ORANGE FL 32129
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

06/22/1995

4. FET Number

59-2104817

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

**WRIGHT, E.M.
5901 BOGGSFORD
PORT ORANGE FL 32129**

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 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature of the officer or director who is filing this report

Signature of the Agent or the person who is filing this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	E.M. WRIGHT	
STREET ADDRESS	5901 BOGGSFORD	
CITY- ST- ZIP	PT. ORANGE FL	
TITLE	VPD	☐ DELETE
NAME	DOMINGUEZ, P.D.	
STREET ADDRESS	5901 BOGGSFORD	
CITY- ST- ZIP	PT. ORANGE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	VP/D
11. STREET ADDRESS	M.V. Wright
12. CITY- ST- ZIP	5901 Boggsford
13. CITY- ST- ZIP	Port Orange, Fla. 32124
14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY- ST- ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. 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 in an attachment with an address.

SIGNATURE: *E.M. Wright* E.M. Wright, P/S/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96
Date

305-386-9557
Telephone Number

CR2E034 (12/95)