

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 # **F94181** (7)

1. Corporation Name

FLORIDA FIRE PROTECTION CORPORATION



Principal Place of Business

**5405 N.W. 102 AVE.
BAY 219
SUNRISE FL 33351**

Mailing Address

**5405 N.W. 102 AVE.
BAY 219
SUNRISE FL 33351**

3. Date Incorporated or Qualified
08/11/1982

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
59-2292835

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

9. Name and Address of Current Registered Agent

**MURRAY, TIMOTHY
9663 NW 49TH ST
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3335 PINE WALK DR. N., #110

83

84 City

MARGATE, FL.

FL

85 Zip Code
33063

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 the last name

Signature, typed or printed name of registered agent and the last name

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
V	KRUPA, CAROL A	48862 POINTE LAKEVIEW	NEW BALTIMORE MI	<input type="checkbox"/>
S	KRUPA, THOMAS J	48862 POINTE LAKEVIEW	NEW BALTIMORE MI	<input type="checkbox"/>
D	MURRAY, TIMOTHY	9663 NW 49TH ST	SUNRISE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY, TREASURER	KRUPA, CAROL A.			
PRESIDENT	KRUPA, THOMAS J.			
VICE-PRESIDENT	MURRAY, TIMOTHY	3335 PINE WALK DR. N., #110	MARGATE, FL. 33063	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CAROL A. KRUPA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Krupa 6-13-96

DATE DAY OF MONTH YEAR

CR2E034 (12/95)