

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001707 (6)

1. Corporation Name
MASSAPEQUA TEMPORARIES INC.



Principal Place of Business

Mailing Address

425 W. COLONIAL DR
SUITE 806
ORLANDO FL 32804-6863

425 W. COLONIAL DR
SUITE 206
ORLANDO FL 32804-6863

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 410 E. MAIN STREET
Suite, Apt. #, etc.

26 410 E. Main St.
Suite, Apt. #, etc.

22 Ste. C
City & State

27 Ste. C
City & State

23 APOPKA, FL
Zip Country

28 Apopka, FL
Zip Country

24 32703
25 USA

29 32703
30 USA

4. FEI Number

11-2330444

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

KONITS, BARBARA
425 W. COLONIAL DR
SUITE 206
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name (Barbara Konits)
82 Street Address (P.O. Box Number is Not Acceptable)
410 E. Main St. Ste C
83 A
84 City Apopka FL 85 Zip Code 32703

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 ☐ DELETE

NAME CP
MENICHELLI, MARILYN
STREET ADDRESS 7742 GLENDEVON LANE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ DELETE

NAME VCST
MENICHELLI, RENO
STREET ADDRESS 7742 GLENDEVON LANE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ DELETE

NAME VD
KONITS, BARBARA
STREET ADDRESS 425 W COLONIAL DR
CITY-ST-ZIP ORLANDO 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)