

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90166 018 ***150.00

DOCUMENT # F96000001707

1. Corporation Name

MASSAPEQUA TEMPORARIES INC.



Principal Place of Business

410 E MAIN ST #C
APOPKA FL 32703
US

Mailing Address

410 E MAIN ST #C
APOPKA FL 32703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1655 E Semoran Blvd, Ste 40

Suite, Apt. #, etc.

22 Ste 40

City & State

23 Apopka, FL

Zip

24 32703

County

25 ORANGE

2a. Mailing Address

26 1655 E Semoran Blvd, Ste 40

Suite, Apt. #, etc.

27 Ste 30

City & State

28 Apopka, FL

Zip

29 32703

Country

30 Orange

9. Name and Address of Current Registered Agent

KONITS, BARBARA
410 E MAIN ST #C
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name Konits, Barbara

82 Street Address (P.O. Box Number is Not Acceptable)
1655 E Semoran Blvd

83 Ste 40

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: Barbara Konits Barbara Konits, Vice President 4/23/99

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

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

TITLE VD ☐ DELETE
NAME KONITS, BARBARA
STREET ADDRESS 410 E MAIN ST #C
CITY-ST-ZIP APOPKA FL 32703

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 Barbara Konits
3.3 STREET ADDRESS 530 East Central Blvd. #603
3.4 CITY-ST-ZIP Orlando, FL 32801

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, with all other like empowered.

SIGNATURE: Barbara Konits Barbara Konits, V. Pres. 4/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)