

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H32637** (1)

1. Corporation Name

MIDTOWN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~7527 A W 24TH AVE~~
~~6780 OLEN EAGLE DR~~
~~MIAMI FL 33014~~
~~US~~

~~15476 NW 77TH CT~~
~~STE 332~~
~~MIAMI LAKES FL 33016~~
~~US~~

3. Date Incorporated or Qualified
12/03/1984

3a. Date of Last Report
07/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **2293 W. 76 ST.**
Suite, Apt. #, etc.

26 **2293 W. 76 ST.**
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State
Shalish, FL

27 City & State
Shalish, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country
33016 USA

28 Zip Country
33016 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, EDWARD V.
11672 NW 5TH ST
PLANTATION FL 33325

#2470

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 ☒ DELETE
NAME **PD LORD, URBAN**
STREET ADDRESS **527 RAMBLEWOOD DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME **STD WOODWARD, SHIRLEY**
STREET ADDRESS **11672 NW 5TH ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME **P WOODWARD, EDWARD**
STREET ADDRESS **1672 NW 5TH ST**
CITY-ST-ZIP **PLANTATION 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 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:

Shirley Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96
Date

854-452-8898
Daytime Phone #

CR2E034 (12/95)