

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J74249

(0)

1. Corporation Name

MOSSMAN ASSOCIATES, INC.

Principal Place of Business

1388 N.W. 2ND AVE.
BOCA RATON FL 33432

Mailing Address

1388 N.W. 2ND AVE.
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2824534

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. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1600 NW 2nd Avenue

2a. Mailing Address

26 1600 NW 2nd Avenue

Suite, Apt. #, etc.

22 Suite 14

Suite, Apt. #, etc.

27 Suite 14

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33432

Country

25 Palm Bch.

Zip

29 33432

Country

30 Palm Bch.

9. Name and Address of Current Registered Agent

MOSSMAN, STANLEY
1388 N.W. 2ND AVE.
SUITE 5
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1600 NW 2nd Avenue

83 Suite 14

84 City

Boca Raton

FL

85 Zip Code

33432

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MOSSMAN, STANLEY
STREET ADDRESS 1388 NW 2ND AVENUE, SUITE 5
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 1600 NW 2nd Avenue, #14
14 CITY-ST-ZIP Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #