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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K71051

(2)

1. Corporation Name

MENSH AND MACINTOSH, P.A.

Principal Place of Business

% MYRON J. MENS
5263 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Mailing Address

% MYRON J. MENS
5263 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8141



2. Principal Place of Business

21 111 Second Avenue N.E.

Suite, Apt. #, etc.

22 Suite 620

City & State

23 St. Petersburg, FL 33701

Zip

Country

24 USA

2a. Mailing Address

26 111 Second Avenue N.E.

Suite, Apt. #, etc.

27 Suite 620

City & State

28 St. Petersburg, FL 33701

Zip

Country

29 USA

3. Date Incorporated or Qualified

03/08/1989

3a. Date of Last Report

01/23/1996

4. FEI Number

59-2836198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. First Fund Contribution

☐

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

9. Name and Address of Current Registered Agent

MENS, MYRON J.
5263 CENTRAL AVENUE
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

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

111 Second Avenue N.E., Suite 620

83

84 City

St. Petersburg

FL

85 Zip Code

33701

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

Myron J. Mensh President MYRON J. MENS

1-13-97

Signature typewritten and printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME MENS, MYRON J.
STREET ADDRESS 5263 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DS ☐ DELETE
NAME MACINTOSH, VICTORIA E.
STREET ADDRESS 5263 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG 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

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 111 Second Avenue N.E., #620
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 111 Second Avenue N.E., #620
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

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 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.

SIGNATURE:

Myron J. Mensh (MYRON J. MENS) 1/13/97

813-827-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office

Daytime Phone #

0376803

CR2E034 (9/96)