

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K90536** (9)

1. Corporation Name

**JUPITER DODGE INC.**



Principal Place of Business

Mailing Address

**1555 W INDIANTOWN RD  
PO BOX 1995  
JUPITER FL 33468**

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PO BOX 1995  
JUPITER FL 33468**

3. Date Incorporated or Qualified  
**05/24/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**65-0125871**

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARINO, ANTHONY  
12060 LONGWOOD GREEN DRIVE  
WEST PALM BEACH FL 33414**

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P WISCHE, SNADE**  
STREET ADDRESS **865 JOHNSTON DR**  
CITY - ST - ZIP **WATCHUNG NJ**

11 TITLE ☒ Change ☐ Addition  
12 NAME **WISCHE, SANDE**  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **O MARION, ANTHONY**  
STREET ADDRESS **12060 LONGWOOD GREEN DRIVE**  
CITY - ST - ZIP **WEST PALM BEACH FL**

21 TITLE ☒ Change ☐ Addition  
22 NAME **MARINO, ANTHONY**  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **V MARINO, THOMAS**  
STREET ADDRESS **11311 PONDVIEW DR. C-202**  
CITY - ST - ZIP **WELLINGTON FL**

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

TITLE ☐ DELETE  
NAME **S GOLDMAN, BARBARA**  
STREET ADDRESS **2146 POLO GARDENS DR. APT. 202**  
CITY - ST - ZIP **WEST PALM BCH FL**

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS **1903 ORK BRKY Circle**  
44 CITY - ST - ZIP **Wellington, FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

*Barbara Goldman* *Barbara Goldman*

7-2-96

561-743-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)