

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K96719** (5)

1. Name of the Firm

THE MUSKETEERS GROUP, LTD., INC.



2. Principal Office

3. Mailing Office

4517 PALM BEACH POINT BLVD
3544 GOMER ST.
WEST PALM BEACH FL 33414
US

C/O LYNN RENDINE, CPA
3544 GOMER ST.
YORKTOWN HEIGHTS NY 10590
US

2. Principal Office

2a. Mailing Office

21. 4517 Palm Beach Point Blvd

26

State: ☐ FL

22. City

27

City: ☐ State

23. Country

28

Country: ☐ Zip

24. Country

29

Country: ☐ Zip

25. Country

30

Country: ☐ Zip

9. Name and Address of Current Registered Agent

MOGULL, IVAN
4517 PALM BEACH POINT BLVD.
WEST PALM BEACH FL 33414-4410

81. Name

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

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that I am the duly authorized agent of the above named corporation to execute this statement for the purpose of changing its registered office as provided in the Statutes of Florida. I am authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the appointment as provided in the Statutes of Florida.

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

12

DMPS
MOGULL, IVAN
4517 PALM BEACH POINT BLVD.
WEST PALM BEACH FL
TC
MOGULL, IVAN
4517 PALM BEACH PT. BLVD.
W. PALM BCH. FL

[] OFFICER

[] OFFICER

[] OFFICER

[] OFFICER

[] OFFICER

[] OFFICER

13. ADDITIONAL AGENTS

13

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

13.1

NAME

ADDRESS

CITY

STATE

ZIP

13.2

NAME

ADDRESS

CITY

STATE

ZIP

13.3

NAME

ADDRESS

CITY

STATE

ZIP

13.4

NAME

ADDRESS

CITY

STATE

ZIP

13.5

NAME

ADDRESS

CITY

STATE

ZIP

13.6

NAME

ADDRESS

CITY

STATE

ZIP

W. Palm Beach FL 33414

W. Palm Beach FL 33414

[X] Change [] Addition

[X] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that I am the duly authorized agent of the above named corporation to execute this statement for the purpose of changing its registered office as provided in the Statutes of Florida. I am authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the appointment as provided in the Statutes of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 407 795-9661

CR2E034 (12/95)