

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95869

(8)

1. Corporation Name

MAUREEN ASSOCIATES, INC.



Principal Place of Business

13751 BARBERRY DRIVE
WELLINGTON FL 33414

Mailing Address

13751 BARBERRY DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BRADY, FRANK R
370 W CAMINO GAR BLVD
STE 341
BOCA RATON FL 33432

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

03/16/1995

4. FET Number

65-0238913

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

10. Name and Address of New Registered Agent

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 607.0602 and 607.1506, 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 607.0609, Florida Statutes.

SIGNATURE

Signature of corporation or registered agent (to be filled in by the corporation or registered agent)

Signature of Registered Agent (to be filled in by the Registered Agent)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

SOPOURN, MAUREEN

1.2 NAME

STREET ADDRESS

13751 BARBERRY DR

1.3 STREET ADDRESS

CITY-STATE-ZIP

W PALM BCH FL

1.4 CITY-STATE-ZIP

TITLE

SP

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

JORDAN, SOPOURN R

2.2 NAME

STREET ADDRESS

13751 BARBERRY DR

2.3 STREET ADDRESS

CITY-STATE-ZIP

WPB FL

2.4 CITY-STATE-ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

TITLE

☐ DELETE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-STATE-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:

Maureen Sopourn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

Date

Daytime Phone

CR2E034 (12/95)