

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 APR -7 AM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M48778** (8)

1. Corporation Name

MARCIE MAUCERE, PARUCCHIERE, INC.

Principal Place of Business

**3700 S DIXIE HWY STE 2
W PALM BEACH FL 33405**

Mailing Address

**3700 S DIXIE HWY STE 2
W PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1987

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2778665

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

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**YORK, JOHN A
224 DATURA ST., 12TH FLOOR
SUITE 1216
WEST PALM BEACH FL 33401**

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. I, as agent for 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 to the person named 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 of Agent

Signature of Current Registered Agent and Mailing Address

Signature of New Registered Agent (Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

12.1	D
NAME	MAUCERE, MARCIE
STREET ADDRESS	218 LAKELAND DR
CITY, ST, ZIP	W PALM BEACH FL
12.2	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.7	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.8	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	

14. I, as agent, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, 606, 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 by the officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

Marcie Maucere
MARCIE MAUCERE

PRINTED NAME AND TITLE OF REGISTERED OFFICER OR DIRECTOR

APR 4 95 407-8330595