

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 1:19

DOCUMENT # **M54012** (3)
FLORIDA MANGO OFFICE PARK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: C/O DANIEL S. CATALFUMO
1540 LATHAM ROAD
WEST PALM BEACH FL 33409

Mailing Address: C/O DANIEL S. CATALFUMO
1540 LATHAM ROAD
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/17/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2841318**
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. This corporation has liability for independent tax under § 139, 139A, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 21. Suite Apt. # etc.: 22. City & State: 23. 24. 25. 26. Mailing Address: 27. Suite Apt. # etc.: 28. City & State: 29. 30. Country:

9. Name and Address of Current Registered Agent

CATALFUMO, DANIEL S.
1540 LATHAM ROAD
WEST PALM BEACH FL 33409

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 607.01(1)(a) and 607.01(2)(b), Florida Statutes, the above named corporation submits the 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 a registered agent under Florida Statutes.

SIGNATURE:

Signature of Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME: PTS CATALFUMO, DANIEL S.	1. NAME: ☐ Change ☐ Addition	1. NAME: ☐ Change ☐ Addition	
2. STREET ADDRESS: 1540 LATHAM ROAD	2. STREET ADDRESS: ☐ Change ☐ Addition	2. STREET ADDRESS: ☐ Change ☐ Addition	
3. CITY, STATE, ZIP: WEST PALM BEACH FL	3. CITY, STATE, ZIP: ☐ Change ☐ Addition	3. CITY, STATE, ZIP: ☐ Change ☐ Addition	
4. NAME: D CATALFUMO, DANIEL S.	4. NAME: ☐ Change ☒ Addition	4. NAME: ☐ Change ☐ Addition	
5. STREET ADDRESS: 1540 LATHAM ROAD	5. STREET ADDRESS: ☐ Change ☐ Addition	5. STREET ADDRESS: ☐ Change ☐ Addition	
6. CITY, STATE, ZIP: WEST PALM BEACH FL	6. CITY, STATE, ZIP: ☐ Change ☐ Addition	6. CITY, STATE, ZIP: ☐ Change ☐ Addition	
7. NAME: BERRIS, JEFFREY M.	7. NAME: ☐ Change ☐ Addition	7. NAME: ☐ Change ☐ Addition	
8. STREET ADDRESS: 1540 LATHAM ROAD	8. STREET ADDRESS: ☐ Change ☐ Addition	8. STREET ADDRESS: ☐ Change ☐ Addition	
9. CITY, STATE, ZIP: WEST PALM BEACH, FL 33409	9. CITY, STATE, ZIP: ☐ Change ☐ Addition	9. CITY, STATE, ZIP: ☐ Change ☐ Addition	
10. NAME: ☐ Change ☐ Addition	10. NAME: ☐ Change ☐ Addition	10. NAME: ☐ Change ☐ Addition	
11. STREET ADDRESS: ☐ Change ☐ Addition	11. STREET ADDRESS: ☐ Change ☐ Addition	11. STREET ADDRESS: ☐ Change ☐ Addition	
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13. NAME: ☐ Change ☐ Addition	13. NAME: ☐ Change ☐ Addition	13. NAME: ☐ Change ☐ Addition	
14. STREET ADDRESS: ☐ Change ☐ Addition	14. STREET ADDRESS: ☐ Change ☐ Addition	14. STREET ADDRESS: ☐ Change ☐ Addition	
15. CITY, STATE, ZIP: ☐ Change ☐ Addition	15. CITY, STATE, ZIP: ☐ Change ☐ Addition	15. CITY, STATE, ZIP: ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct. I further certify that the information and data on this form are true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this filing. I am not a director or officer of the corporation.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/27/95 (407) 471-0338