

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M54012** (3)

1. Corporation Name  
**FLORIDA MANGO OFFICE PARK, INC.**



Principal Place of Business <b>C/O DANIEL S. CATALFUMO 1540 LATHAM ROAD WEST PALM BEACH FL 33409</b>	Mailing Address <b>C/O DANIEL S. CATALFUMO 1540 LATHAM ROAD WEST PALM BEACH FL 33409-5113</b>
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3. Date Incorporated or Qualified <b>06/17/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>4300 Catalfumo Way</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4300 Catalfumo Way</b> Suite, Apt. #, etc.
22 City & State 23 <b>Palm Beach Gardens, FL</b> Zip Country 24 <b>33410</b> 25 <b>U.S.A.</b>	27 City & State 28 <b>Palm Beach Gardens, FL</b> Zip Country 29 <b>33410</b> 30 <b>U.S.A.</b>

4. FEI Number <b>59-2841318</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CATALFUMO, DANIEL S. 1540 LATHAM ROAD WEST PALM BEACH FL 33409</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4300 Catalfumo Way</b>
83	
84 City & State	<b>Palm Beach Gardens FL</b>
85 Zip Code	<b>33410</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTS</b> <input type="checkbox"/> DELETE
NAME	<b>CATALFUMO, DANIEL S.</b>
STREET ADDRESS	<b>1540 LATHAM ROAD</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CATALFUMO, DANIEL S.</b>
STREET ADDRESS	<b>1540 LATHAM ROAD</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BERRIS, JEFFREY M</b>
STREET ADDRESS	<b>1540 LATHAM ROAD</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4300 Catalfumo Way</b>
1.4 CITY - ST - ZIP	<b>Palm Beach Gardens, FL 33410</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4300 Catalfumo Way</b>
2.4 CITY - ST - ZIP	<b>Palm Beach Gardens, FL 33410</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Daniel S. Catalfumo** 4/23/97 691-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)