

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:27

DOCUMENT # N49044 (3)

1. Corporation Name

OPERATION MANGROVE, INC.

Principal Place of Business

3422 CLUB HOUSE BUILDING
UNIT 103
JENSEN BEACH FL 34957
US

Mailing Address

PO BOX 345
3422 CLUB HOUSE BUILDING
JENSEN BEACH FL 34957
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0338498

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. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

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

Suite, Apt. #, etc.

22

Suite, 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

10. Name and Address of New Registered Agent

SWARTZ, JEFFREY D.
9200 S DADELAND BLVD
SUITE 617
MIAMI FL 33156

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME FIELDS, KENNETH A
STREET ADDRESS 3472 NE CAUSEWAY BLVD. 3 103
CITY- ST- ZIP JENSEN BEACH FL

TITLE D
NAME BELMONT, HERMAN S.
STREET ADDRESS 3472 NE CAUSEWAY BLVD 3 401
CITY- ST- ZIP JENSEN BEACH FL

TITLE SD
NAME SANBERG, SALLY
STREET ADDRESS 624 ST LUCIE CRESENT 106
CITY- ST- ZIP STUART FL

TITLE PD
NAME KIRILUK, MIRIAM B.
STREET ADDRESS 370 NE EDGEWATER DRIVE 201
CITY- ST- ZIP STUART FL

TITLE T
NAME THACKERY, GRACE
STREET ADDRESS 3392 NE CAUSEWAY BLVD. 6 101
CITY- ST- ZIP JENSEN BEACH FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH A FIELDS

(Title)

3-9-95 401.126-6629

(Signature / Title)