FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N49044

1. Corporation Name

(3)

OPERATION MANGROVE, INC.

Principal Place of Business Mailing Address					DI AIBIT AIBIT AIBIT BIBIT BIĀLL AIĀLF ĀĪĀLF
3422 CLUB HOUSE BUILDING UNIT 103 JENSEN BEACH FL 34957		PO BOX 345 3422 CLUB HOUSE BUILDING JENSEN BEACH FL 34957 US			
US				3. Date Incorporated or Qualified 05/22/1992	3a. Date of Last Report 03/22/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0338498	Applied For Not Applicable
Suite, Apt. i		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
 η ^{Zip}	Country	Zip	Country	8. This corporation has lability for int	~ • • •
24	25	29 Desistered Agent	30		Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
SWARTZ, JEFFREY B. 8 9200 S DADELAND BLVD SUITE-817 MIAMI FL 33156 8				ess (P.O) Box Number is Not Acceptable SE Center	RS ZID Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Date Date					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF:C	ERS AND DIRECTORS IN 12
TITLE	VD	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	Fields, Kenneth A		1.2 NAME		
STREET ADDRESS	REET ADDRESS 3472 NE CAUSEWAY BLVD. 3 103		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	Belmont, Herman S.		22 NAME		
STREET ADDRESS	3472 NE CAUSEWAY BLVD 3	101	2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		2 4 CITY-ST-ZIP		
TITLE	\$0	DELETE	3 1 TITLE		Change C Addition
NAME	SANBERG, SALLY		3 2 NAME		
STREET ADDRESS	624 ST LUCIE CRESENT 106		3 3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	Document	3.4. CiTY+ST-ZIP		
TITLE	PD MINISTER D	DELETE	41 TITLE		Change Addition
NAME	KIRILUK, MIRIAM B.	.4	4 2 NAME		
STREET ADDRESS	370 NE EDGEWATER DRIVE 20 STUART FL	''	4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T STUART FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	THACKERY, GRACE	Посесте	52 NAME		E''l euerièe E'' vénition
STREET ADDRESS	3392 NE CAUSEWAY BLVD. 6	101	5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	101	5.4 CITY-ST-ZIP		
THLE	OMINORIA DESCRIPTION	DELETE	5.4 C11Y-57-2IP		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied wi	th this filing is voluntarily furnis	hed and does not qualify for	or 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

WW. 407-725-2018