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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005341 (0)

1. Corporation Name

GHOST PIPER, INC.

Principal Place of Business

1500 NORTHWEST 12 AVENUE
NUMBER 1821
MIAMI FL 33136

Mailing Address

1500 NORTHWEST 12 AVENUE
NUMBER 1821
MIAMI FL 33136-1028



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
10/16/1996

3a. Date of Last Report
17 OCT 96

4. FEI Number

65-0706497

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAVIN, MARK B ESQ
1031 NORTH MIAMI BEACH BOULEVARD
NORTH MIAMI BEACH FL 33162

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 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 617.0503, 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 D ☐ DELETE
NAME MITCHELL, MICHAEL J
STREET ADDRESS 1500 NORTHWEST 12 AVENUE, #1821
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☐ DELETE
NAME MCBRIDE, JAMES T
STREET ADDRESS 2255 PAR LANE, #115
CITY-ST-ZIP WILLOUGHBY HILLS OH 44094

TITLE D ☐ DELETE
NAME LYNN, NANETTE
STREET ADDRESS 2601 PARK CENTER DRIVE, #C804
CITY-ST-ZIP ALEXANDRIA VA 22302

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT P/O ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT V/O ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2111 ALACIA PARK DR, APT 607
2.4 CITY-ST-ZIP LYNDHURST, OH 44124

3.1 TITLE TREASURER T/O ☒ Change ☐ Addition
3.2 NAME MITCHELL, NANETTE L.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY S/O ☐ Change ☒ Addition
4.2 NAME ROBINSON, LYNDIA R
4.3 STREET ADDRESS O'NEAL
4.4 CITY-ST-ZIP 7420 LINCOLN STREET
HOLLYWOOD, FL 33024

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

SIGNATURE:

Michael J. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)
1-20-97 545-8677
Date Daytime Phone # 0028148

CR2E037 (9/96)