

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P 93000022122**

1. Corporation Name:

**I. N. G. R., INC**

Principal Place of Business

Mailing Address

**4923 N.W. 55 ST  
TAMARAC FL 33319**

**PO Box 25514  
TAMARAC FL  
33320**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **3/24/93** 3a. Date of Last Report **7/5/94**

4. FEI Number **65-0397861** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **PO Box 25514**

22 City & State

27 **TAMARAC**

23 Zip

28 **TAMARAC FL**

24 Country

29 **33320**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **THOMAS MASTROBERTI**  
82 Street Address (P.O. Box Number is Not Acceptable) **4923 NW 55 ST**  
83 City **PT LAUDERDALE** FL 85 Zip Code **33319**

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

**Tom Mast**

**Tom Mastroberti**

**4/27/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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11 TITLE **Director**  
12 NAME **THOMAS MASTROBERTI**  
13 STREET ADDRESS **4923 N.W. 55 ST**  
14 CITY ST ZIP **TAMARAC FL 33319**  
15 TITLE ☐ Change ☒ Addition  
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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(5)(b), 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:**

**Tom Mast** **Tom Mastroberti** **4/27/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR