

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000025956 (1)**

1. Corporation Name

**MR FINANCIAL ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**5817 STRAWBERRY LAKE CIRCLE  
LAKE WORTH FL 33463**

**5817 STRAWBERRY LAKE CIRCLE  
LAKE WORTH FL 33463**

2. Principal Place of Business

2a. Mailing Address

21 **5700 Lake Worth Rd.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 311**

27

City & State

City & State

23 **Lake Worth FL 33463**

28

Zip

Country

Zip

Country

24 **33463**

25

**Palm Bch**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/05/1994**

3a. Date of Last Report

**01/24/1995**

4. FET Number

**65-0487518**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**RAMOS, MANUEL JR  
5817 STRAWBERRY LAKE CIRCLE  
LAKE WORTH FL 33463**

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 changing status)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**D**

NAME

**RAMOS, MANUEL JR**

STREET ADDRESS

**5817 STRAWBERRY LAKE CIRCLE**

CITY - ST - ZIP

**LAKE WORTH FL 33463**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Manuel Ramos Jr.**

**3-27-96**

**407-967-7371**

CR2E034 (12/95)