## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000028461 (9)

MANGROVE CORP.

Principal Place of Business Mailing Address				T TODATION ALD IDIAL BANK BOOK BOOK BOOK BOOK BOOK BOOK BOOK BO	
2323 STATE FORT LAUDE	ROAD 84 RDALE FL 33312	2323 STATE ROAD 84 FORT LAUDERDALE FL 33312			
	•				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 04/12/1994
2. Principal Place of Business 2a. Mailing Address					4, FEI Number Applied For
21		26			<b>65-0490783</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.			5. Certificate of Status Desired  Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country 25		Zip 29	Zip Country 30		8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
AZI	URITE CORP. LTD		81	Name	ю
2323 STATE ROAD 84 FT. LAUD FL 33312			82	Street	el Address (P.O. Box Number is Not Acceptable)
1	_,_,_,_,_		83		
İ			84	- City	■ 85 Zip Code
			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	soon) and title if earlicable (N)	DTE: Registered Ag	ont signatur	fure required when reinstalling) DATL
12.		AND DIRECTORS	13.	on ognator	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPTS	DELETE	1.1 TITLE		Change Addition
NAME	orgler, harry		1.2 NAME		
STREET ADDRESS	1340 MAIN AVE		1.3 STREE	ADDRESS	\$ .
CITY-ST-ZIP	CLIFTON NJ 07011		1.4 CITY-	ST-ZIP	
TITLE	AS	DELETE	2.1 TITLE		Change Addition
NAME	SAVETSKY, RICHARD		2.2 NAME		
STREET ADDRESS	805 THIRD AVE., 21ST FLO	OR	2.3 STREE	ADDRESS	s i
CITY-ST-ZIP	NEW YORK NY 10022		2 4 CITY-	S1-2(P	
TITLE	DFLETE 3.1		3.1 TITLE		☐ Change ☐ Addilion
NAME I			3.2 NAME		
STREET ADDRESS			3.3 STREE	ADDRESS	S
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CI1Y-	ST-ZIP	
TITLE			4 1 1 M L E		L] Change L] Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		s) ·
""		4.4 CITY - S	T · ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS	s
CITY-ST-ZIP		T 65.55	5.4 CITY-5	ST - ZIP	
TITLE		☐ DELETE	6.1 11TLF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	5

14. Thereby 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 suppliemental 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.