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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000059189 (8)

MANGO APTS., INC.

SIGNATURE:

Mailing Address

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business P.O. BOX 15854 P.O. BOX 15854 SARASOTA FL 34277 SARASOTA FL 34277 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1994 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 65-0512997 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name SIMIDIAN, DIKRAN V 1145 HORIZON VIEW DR Street Address (P.C. Box Number is Not Acceptable) SARASOTA FL 34242 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE SIMIDIAN, DIKRAN V 1.2 NAME NAME 1145 HORIZON VIEW DR. 1.3 STREET ADDRESS SANDERLING STREET ADDRESS SARASOTA FL 34242 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME GLADSTONE, HOWARD MALLE 2.3 STREET ADDRESS P.O. BOX 25072, N/A STREET ADDRESS SARASOTA FL 34277 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE TITLE ROBE RIT 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I 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 of the receiveror fustee 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 if an altachylen with an address.