

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000014132 (1)**

1. Corporation Name

NYMPH & CO., INC.



Principal Place of Business

**9495 SUNSET DR., SUITE B-275
MIAMI FL 33173**

Mailing Address

**9495 SUNSET DR., SUITE B-275
MIAMI FL 33173**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**SATULOFF, BARTH
9495 SUNSET DR., SUITE B-275
MIAMI FL 33173**

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

4. FEI Number

05-0622755

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

10. Name and Address of New Registered Agent

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME **D SATULOFF, BARTH** ☒ DELETE
12.2 STREET ADDRESS **9614 S.W. 134TH COURT**
12.3 CITY, ST., ZIP **MIAMI FL 33186**

12.4 NAME ☐ DELETE
12.5 STREET ADDRESS
12.6 CITY, ST., ZIP

12.7 NAME ☐ DELETE
12.8 STREET ADDRESS
12.9 CITY, ST., ZIP

12.10 NAME ☐ DELETE
12.11 STREET ADDRESS
12.12 CITY, ST., ZIP

12.13 NAME ☐ DELETE
12.14 STREET ADDRESS
12.15 CITY, ST., ZIP

12.16 NAME ☐ DELETE
12.17 STREET ADDRESS
12.18 CITY, ST., ZIP

12.19 NAME ☐ DELETE
12.20 STREET ADDRESS
12.21 CITY, ST., ZIP

12.22 NAME ☐ DELETE
12.23 STREET ADDRESS
12.24 CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE **PD** ☒ Change ☐ Addition
13.2 NAME **DANIEL M. KELLY**
13.3 STREET ADDRESS **11760 S.W. 102 ST.**
13.4 CITY, ST., ZIP **MIAMI, FL 33186**

13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS

13.8 CITY, ST., ZIP ☐ Change ☐ Addition
13.9 NAME
13.10 STREET ADDRESS

13.11 CITY, ST., ZIP ☐ Change ☐ Addition
13.12 NAME
13.13 STREET ADDRESS

13.14 CITY, ST., ZIP ☐ Change ☐ Addition
13.15 NAME
13.16 STREET ADDRESS

13.17 CITY, ST., ZIP ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS

13.20 CITY, ST., ZIP ☐ Change ☐ Addition
13.21 NAME
13.22 STREET ADDRESS

13.23 CITY, ST., ZIP

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 declared 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: **DANIEL M. KELLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 11/16/96
11/16/96
305-556-3809

CR2E034 (12/95)