

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028721 (5)

1. Corporation Name

M. O. MANAGEMENT CORP.



Principal Place of Business

Mailing Address

888 S.E. 3RD AVE., SUITE 400
FORT LAUDERDALE FL 33316

888 S.E. 3RD AVE., SUITE 400
FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 8450 West Gulf Road

26 8450 West Gulf Road

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State
23 Treasure Island, FL

27 City & State
28 Treasure Island, FL

24 Zip 33706 Country USA

29 Zip 33706 Country USA

4. FEI Number

pending

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOVANOVIC, DOUGLAS
888 S.E. 3RD AVE., SUITE 400
FORT LAUDERDALE FL 33316

81 Name

REARDON, JANET C.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Arsenault & Reardon, P.A.

83

10225 Ulmerton Road, Suite 2

84 City

Largo

FL

85 Zip Code

33771

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

Janet C. Reardon

(NOTE: Registered Agent signature required when appointing)

7/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME OCHMANN, MICHAEL
STREET ADDRESS 888 S.E. 3RD AVE., SUITE 400
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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STREET ADDRESS
CITY-ST-ZIP

11 TITLE PSD
12 NAME OCHMANN, MICHAEL
13 STREET ADDRESS 8450 West Gulf Road
14 CITY-ST-ZIP Treasure Island, FL 33706

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Ochmann MICHAEL OCHMANN, its President 6/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)