

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 # P95000061970 (6)
1. Corporation Name

MAMUSCIA, INC.



Principal Place of Business

Mailing Address

2740 FOREST HILLS BOULEVARD
SUITE 105
CORAL SPRINGS FL 33065

2740 FOREST HILLS BOULEVARD
SUITE 105
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 8579 NW 23RD MANOR

2a. Mailing Address

26 8579 NW 23RD MANOR

4. FEI Number

65-0598997

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

MAMUSCIA, MICHAEL
2740 FOREST HILLS BOULEVARD
SUITE 105
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

Mamuscia Michael

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

8579 NW 23RD MANOR North

83

84 City

Coral Springs

FL

85 Zip Code

33065

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

PRESIDENT Michael Mamuscia Michael Mamuscia 6-10-96

Signature, typed or printed name of registered agent and title, if applicable

(If III. Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAMUSCIA, MICHAEL
STREET ADDRESS 2740 FOREST HILLS BOULEVARD, SUITE 105
CITY - ST - ZIP CORAL SPRINGS FL 33065

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

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 Mamuscia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 (54408-1271)

DATE

DATE OF FILING

CR2E034 (3/96)