

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **P95000070878 (0)**

1. Corporation Name
MAMONTOFF & CO., INC.



Principal Place of Business

**17787 B LAKE CARLTON DR
LUTZ FL 33549**

Mailing Address

**17787 B LAKE CARLTON DR
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0609968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **3103 VERDANT CT.**

Suite, Apt. #, etc.

22 **# 108**

City & State

23 **TAMPA, FL**

Zip

24 **33629**

Country

25 **USA**

2a. Mailing Address

26 **3103 VERDANT CT.**

Suite, Apt. #, etc.

27 **# 108**

City & State

28 **TAMPA, FL**

Zip

29 **33629**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MAMONTOFF, ALEJANDRO
17787 B LAKE CARLTON DR
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name

MAMONTOFF, ALEJANDRO

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

3103 VERDANT CT.

83 **# 108**

84 City

TAMPA

FL

85 Zip Code

33629

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

Alejandro Mamontoff
Signature typed or printed name of registered agent and time applicable

ALEJANDRO MAMONTOFF, PRESIDENT

9-27-98

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MAMONTOFF, ALEJANDRO**
STREET ADDRESS **17787 B LAKE CARLTON DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE

NAME **MAMONTOFF, CATHERINE I**
STREET ADDRESS **17787 B LAKE CARLTON DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **MAMONTOFF, ALEJANDRO**
1.3 STREET ADDRESS **3103 VERDANT CT. # 108**
1.4 CITY-ST-ZIP **TAMPA, FL 33629**

2.1 TITLE **S/T/D** ☒ Change ☐ Addition

2.2 NAME **MAMONTOFF, CATHERINE I**
2.3 STREET ADDRESS **12516 MELROSE CIRCLE**
2.4 CITY-ST-ZIP **FISHERS, IN 46038**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 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

Alejandro Mamontoff
ALEJANDRO MAMONTOFF **9-27-98** **813-241-1139**

CR2E034 (5/98)