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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000017120 (2)

1. Corporation Name
MASSAPEQUA RANCH ESTATES, INC.



Principal Place of Business

3392 CUSTER AVE
LAKE WORTH FL

Mailing Address

3392 CUSTER AVE
LAKE WORTH FL 33467-1004

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 10381 SW 74TH CT.

2a. Mailing Address

26 10381 SW 74TH CT.

4. FEI Number

65-0644484

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Ocala, FLORIDA

City & State

28 Ocala, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24 34476-4108

25 U.S.A.

Zip

Country

29 34476-4108

30 U.S.A.

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

MILES, DONALD S
3392 CUSTER AVE
LAKE WORTH FL

81 Name

MILES, DONALD S.

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

10381 SW 74TH CT.

83

84 City Ocala

FL

85 Zip Code 34476-4108

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

Donald S. Miles

4/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILES, DONALD S
STREET ADDRESS 3392 CUSTER AVE
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE PD
1.2 NAME MILES, DONALD S.
1.3 STREET ADDRESS 10381 SW 74TH CT.
1.4 CITY-ST-ZIP Ocala, FLORIDA 34467-4108

TITLE VD
NAME JOSEPHSEN, ANGELA P
STREET ADDRESS 3392 CUSTER AVE
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE VD
2.2 NAME JOSEPHSEN, ANGELA P
2.3 STREET ADDRESS 10381 SW 74TH CT.
2.4 CITY-ST-ZIP Ocala, FLORIDA 34476-4108

TITLE STD
NAME MILES, MARINA
STREET ADDRESS 3392 CUSTER AVE
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE STD
3.2 NAME MILES, MARINA
3.3 STREET ADDRESS 10381 SW 74TH CT.
3.4 CITY-ST-ZIP Ocala, FLORIDA 34467-4108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TREASURER
4.2 NAME DONNA M. MILES
4.3 STREET ADDRESS 10381 SW 74TH CT.
4.4 CITY-ST-ZIP Ocala, FLORIDA 34467-4108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Donald S. Miles* 4/24/97 352-237-6260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)