

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S15286

1. Corporation Name

Complex Properties Corp.  
6226 Fairway Bay

Principal Place of Business

Mailing Address

6226 Fairway Bay  
Gulfport, FL 33707

same



2. Principal Place of Business

2a. Mailing Address

21 6226 Fairway Bay

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Gulfport, FL

28

Country

Zip

Country

24 33707

25 Pinellas

29

30

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/29/90

5/30/95

4. FEI Number

59-3038087

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

Kenneth G. Arsenault, Jr.  
10225 Ulmerton Road, Suite 2  
Largo, FL 34641

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

*Kenneth G. Arsenault, Jr.*

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when filing change

DATE

12. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | PSTD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | Kenneth G. ARsenault, Jr.    |                                            |
| STREET ADDRESS | 10225 Ulmerton Road, Suite 2 |                                            |
| CITY-ST-ZIP    | Largo, FL 34641              |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                    |                                                                              |
|--------------------|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PSTD               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Thomas H. Minkoff  |                                                                              |
| 1.3 STREET ADDRESS | 6226 Fairway Bay   |                                                                              |
| 1.4 CITY-ST-ZIP    | Gulfport, FL 33707 |                                                                              |
| 2.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                    |                                                                              |
| 2.3 STREET ADDRESS |                    |                                                                              |
| 2.4 CITY-ST-ZIP    |                    |                                                                              |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                    |                                                                              |
| 3.3 STREET ADDRESS |                    |                                                                              |
| 3.4 CITY-ST-ZIP    |                    |                                                                              |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                    |                                                                              |
| 4.3 STREET ADDRESS |                    |                                                                              |
| 4.4 CITY-ST-ZIP    |                    |                                                                              |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                    |                                                                              |
| 5.3 STREET ADDRESS |                    |                                                                              |
| 5.4 CITY-ST-ZIP    |                    |                                                                              |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                    |                                                                              |
| 6.3 STREET ADDRESS |                    |                                                                              |
| 6.4 CITY-ST-ZIP    |                    |                                                                              |

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\*\*\*225.00

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 in person. 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:

*Thomas H. Minkoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96

Date

Daytime Phone