

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S41069** (3)

1. Corporation Name

OUTBOUND-M.I.S., INC.

Principal Place of Business

**1065 MAITLAND COMMONS BLVD
STE 104
MAITLAND FL 32751**

Mailing Address

**1065 MAITLAND COMMONS BLVD
STE 104
MAITLAND FL 32751**

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3058014

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

2. Principal Place of Business

2a. Mailing Address

21 **927 Fern Street**

26 **927 Fern Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **250**

27 **250**

City & State

City & State

23 **Altamonte Springs FL**

28 **Altamonte Springs FL**

Zip

Country

Zip

Country

24 **32701**

25

29 **32701**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELZINGARO, CELESTE M
1065 MAITLAND COMMONS BLVD
STE 104
MAITLAND FL 32751**

81 Name

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

927 Fern Street # 250

83

84 City

Altamonte Springs

FL

85 Zip Code

32701

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

Signature typed or printed name of registered agent and the agent's title

Printed Name of Agent and Signature of Director or Officer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **DELZINGARO, CELESTE M**
STREET ADDRESS **508 ELLSWORTH ST.**
CITY-ST-ZIP **ALTAMONTE SPRGS FL**

TITLE **P** ☐ DELETE
NAME **POLK, THOMAS**
STREET ADDRESS **21250 WOLFBRANCH RD**
CITY-ST-ZIP **MOUNT DORA FL**

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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Celeste M. Delzingaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Celeste M. Delzingaro

1/26/96

407-640-9224

Date

Delzingaro Phone #

CR2E034 (12/95)