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Jan 27 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 # S57347

(4)

1. Corporation Name

M. LONG & ASSOCIATES, INC.

Principal Place of Business

2215 DISCOVERY CIR. W.
POMPANO FL 33064
US

Mailing Address

2215 DISCOVERY CIR. W.
POMPANO FL 33064
US

3. Date Incorporated or Qualified

06/05/1991

3a. Date of Last Report

01/19/1996

4. FEI Number

65-0265079

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

21 2215 Discovery Cir W.

2a. Mailing Address

26 2215 Discovery Cir W

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

23 Deerfield Beach, FL

City & State

27 Deerfield Beach, FL

Zip 33442 Country

25 33442

Zip 33442 Country

29 33442 30 US

9. Name and Address of Current Registered Agent

LONG, MICHAEL
2215 DISCOVERY CIR., W.
POMPANO FL 33064

10. Name and Address of New Registered Agent

81 Name

LONG, Michael

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

2215 Discovery Cir. W

83

84 City

Deerfield Beach FL

85 Zip Code

33442

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LONG, MICHAEL
STREET ADDRESS 2215 DISCOVERY CIRCLE W.
CITY- ST- ZIP POMPANO FL

TITLE D ☐ DELETE

NAME LONG, JILLIAN
STREET ADDRESS 2215 DISCOVERY CIRCLE W.
CITY- ST- ZIP POMPANO FL

TITLE S ☐ DELETE

NAME KOPKOWSKI, PATRICIA
STREET ADDRESS 2215 DISCOVERY CIRCLE W.
CITY- ST- ZIP POMPANO FL 33064

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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 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 or changed or on an attachment with an address

SIGNATURE: Michael K. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael K. LONG (P)

Date

Daytime Phone #

1-13-97
954-429-2459

CR2E034 (9/96)