

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S81403** (5)

1. Corporation Name

EVERGLADES PROPERTY SERVICES, INC.

Principal Place of Business

**10501 NW 50TH ST
DAY #107
SUNRISE FL 33351
US**

Mailing Address

**10501 NW 50TH ST.
BAY #107
SUNRISE FL 33351
US**



3. Date Incorporated or Qualified
09/19/1991

3a. Date of Last Report
01/26/1995

4. FEI Number
65-0284162

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 **6500 NW 16th ST.**

2a. Mailing Address

26 **6500 NW 16th ST**

Suite, Apt. #, etc.

22 **# 1**

Suite, Apt. #, etc.

27 **# 1**

City & State

23 **PLANTATION FL**

City & State

28 **PLANTATION FL**

Zip

24 **33313**

Country

25 **US**

Zip

29 **33313**

Country

30 **US**

9. Name and Address of Current Registered Agent

**MASTRONARDO, DONNA
11771 NW 37TH ST
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name **MASTRONARDO, DONNA**
82 Street Address (P.O. Box Number is Not Acceptable)
1100 NW 133 TERRACE
83
84 City **SUNRISE** FL 85 Zip Code **33323**

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

James Mastronardo **PRESIDENT**

3/1/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MASTRONARDO, JAMES**
STREET ADDRESS **11771 NW 37TH ST.**
CITY - ST - ZIP **SUNRISE, FL 33323**

TITLE **VP** ☐ DELETE
NAME **MASTRONARDO, DONNA**
STREET ADDRESS **11771 NW 37TH ST.**
CITY - ST - ZIP **SUNRISE, FL 33323**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

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

100001735031
03/07/96--01013--001
*****200.00**

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 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 charged, or on an attachment with an address.

SIGNATURE:

James Mastronardo **PRESIDENT**

3/1/96

954 791-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)