### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107588

Entity Name: ACCOUNTING OFFICES OF BETSY A. MASCARO, P.A.

**FILED** Feb 01, 2016 **Secretary of State** CC8681059601

### **Current Principal Place of Business:**

840 US HWY ONE SUITE 415

NORTH PALM BEACH, FL 33408

# **Current Mailing Address:**

840 US HWY ONE SUITE 415 NORTH PALM BEACH, FL 33408

FEI Number: 65-0802924 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MASCARO, BETSY A 840 US HIGHWAY ONE STE 415 NORTH PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title Title S

Name MASCARO, BETSY A Name DANN, MARCY E 840 US HWY 1 STE 415 Address 840 US HWY ONE Address

City-State-Zip: NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 City-State-Zip:

VΡ Title Title

Name MONTI, LOUIS L Name SHEETS, KAREN Address 840 US HWY ONE Address 840 US HWY ONE STE 415

SUITE 415

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.