

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

DOCUMENT # 555055 (3)

1. Corporation Name

CIAFROGNA, TELFER, REDA & FAHERTY, P.A.



Principal Place of Business

815 S. WASHINGTON AVENUE
P O DRAWER 6310-G
TITUSVILLE FL 32780-4200

Mailing Address

815 S. WASHINGTON AVENUE
P O DRAWER 6310-G
TITUSVILLE FL 32780-4200

3. Date Incorporated or Qualified

12/12/1977

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1790954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TELFER, ROBERT J. JR.
815 S. WASHINGTON AVENUE
TITUSVILLE FL 32780

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

REDA, MICHAEL

STREET ADDRESS

3770 RAINEY ROAD

CITY-ST-ZIP

TITUSVILLE, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

VD

☐ DELETE

NAME

TELFER, ROBERT J., JR.

STREET ADDRESS

2885 PLAYER CT

CITY-ST-ZIP

TITUSVILLE, FL 00000

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

PD

☐ DELETE

NAME

CIAFROGNA, LOUIS V.

STREET ADDRESS

3885 HIDDEN HILLS DR.

CITY-ST-ZIP

TITUSVILLE, FL 00000

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone

CR2E034 (12/95)