

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 738269 (0)**

1. Corporation Name  
**DELVISTA ROAD MAINTENANCE COMPANY**



Principal Place of Business: **20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH FL 33180**  
Mailing Address: **20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified: **03/10/1977**  
3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **59-2168991**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**LUMPKIN, THOMAS D. II, ESQ.  
515 GABLES INTERNNATIONAL PLAZA  
2655 LE JEUNE ROAD  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAVADLO, METTY	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAYMOND, WARREN	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPITALNY, MELVIN	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALPERT, ISREAL	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOFF, MAURICE	
STREET ADDRESS	20355 N.E. 34TH DELVISTA CT	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Metty Kavadlo* 937-0188  
METTY KAVADLO PRESIDENT 3/22/96 Date Daytime Phone #

CR2E037 (12/95)