

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 # **F76019** (1)

1. Corporation Name

PETER J. GIACOMA, JR. P.A.



Principal Place of Business

**613 SE 1ST AVE
FT LAUDERDALE FL 33301
US**

Mailing Address

**613 SE 1ST AVE
FT LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified

04/13/1982

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **300 S.W. 2nd Street**

26 **300 S.W. 2nd Street**

4. FEI Number

59-2193291

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 9**

27 **Suite 9**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23 City & State

City & State

23 **Fort Lauderdale, FL**

28 **Fort Lauderdale, FL**

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

24 Zip

Country

Zip

Country

24 **33312**

25 **U.S.**

29 **33312**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIACOMA, PETER J JR
1 FINANCIAL PLZA STE 1910
FT LAUDERDALE FL 33394**

81 Name

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

300 S.W. 2nd Street

83

Suite 9

84

Fort Lauderdale

FL

85 Zip Code
33312

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 if not applicable

(NOT Registered Agent Signature required when re-stating)

DATE

Peter J. Giacom

2/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PDM
GIACOMA, PETER J JR
1 FINANCIAL PLZA #1910
FT LAUDERDALE, FL 00000**

1 1 TITLE

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**300 S.W. 2nd St., Suite 9
Fort Laud., FL 33312**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7 1 TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

8 1 TITLE

82 NAME

83 STREET ADDRESS

84 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 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

DATE

Daytime Phone #

Peter J. Giacom

2/26/96

CR2E034 (12/95)