

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001669 (0)**

1. Corporation Name

RAIMONDO CONTRACTING CORP.



Principal Place of Business

540 BERGEN BLVD.
FT. LEE NJ 07024

Mailing Address

P.O. BOX 1381
FT. LEE NJ 07024

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

03/08/1995

4. FEI Number

22-2833228

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (to be printed) of officer, director, or the registered agent, if applicable. (Print full name and title of registered agent.) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PTD RAIMONDO, CHARLES J SR**
STREET ADDRESS **540 BERGEN BLVD.**
CITY-ST-ZIP **FT. LEE NJ 07024**

TITLE DELETE

NAME **V RAIMONDO, FRANK L**
STREET ADDRESS **540 BERGEN BLVD.**
CITY-ST-ZIP **FT. LEE NJ 07024**

TITLE DELETE

NAME **S RAIMONDO, CHARLES J JR**
STREET ADDRESS **540 BERGEN BLVD.**
CITY-ST-ZIP **FT. LEE NJ 07024**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

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TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not comply 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 this corporation, or the owner 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 of this report, or on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Raimondo, Sr.

3/27/96

(201) 461-5550

CR2E034 (12/95)