

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000074031 (3)

1. Corporation Name:

BABIONE-STEPHENSON FUNERAL HOME, INC.

Principal Place of Business:

**1900 GLADES RD
SUITE 355
BOCA RATON FL 33431**

Mailing Address:

**1900 GLADES RD
SUITE 355
BOCA RATON FL 33431**

**800001499048
-05/25/95--01036--001
***3130.00 ***200.00
DO NOT WRITE IN THIS SPACE**

3. Date incorporated or created

10/05/1994

3a. Date of Last Report

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

24 ZIP

25 Country

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

29 ZIP

30 Country

4. FFI Number

65-0525741

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 exchange tax under S. 194(3), Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCIARRETTA, STEVEN A
1900 GLADES RD
SUITE 355
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 Sections 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered agent must be filed)

(Signature of Registered Agent or Registered agent must be filed)

DATE

12. OFFICERS AND DIRECTORS

1 NAME
D SCIARRETTA, STEVEN A
1 STREET ADDRESS
1900 GLADES RD SUITE 355
1 CITY, ST, ZIP
BOCA RATON FL 33431

2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP

3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP

4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP

6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
1 STREET ADDRESS
1 CITY, ST, ZIP

**Joseph & Mary Vecchia
431 N.E. 10th Terrace
Boca Raton, FL 33432**

☒ Change ☐ Addition

2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP

☐ Change ☐ Addition

3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP

☐ Change ☐ Addition

4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

☐ Change ☐ Addition

5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP

☐ Change ☐ Addition

6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with this filing.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

JOSEPH W. VECCHIA, JR.

2/22/95

1-402-3388717