

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P96000000997 (2)

1. Corporation Name

SICILIANO ENTERPRISES, INC.



Principal Place of Business

Mailing Address

%JERRY M SYROP  
1515 UNIVERSITY DRIVE, SUITE 218  
CORAL SPRINGS FL 33071

%JERRY M SYROP  
1515 UNIVERSITY DRIVE, SUITE 218  
CORAL SPRINGS FL 33071

2. Principal Place of Business

2a. Mailing Address

21 865 S. CONGRESS AVE.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST PALM BEACH, FL

28 Zip

24 33406

29 Country

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/27/1995

3a. Date of Last Report

4. FEI Number

65-0631525

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

SYROP, JERRY M  
1515 UNIVERSITY DRIVE, SUITE 218  
CORAL SPRINGS FL 33071

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

*Jerry M. Syrop*

JERRY M. SYROP

2-15-96

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME SICILIANO, MICHAEL  
STREET ADDRESS %1515 UNIVERSITY DR, SUITE 218  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VD ☐ DELETE  
NAME KEATHLEY, TIMOTHY  
STREET ADDRESS %1515 UNIVERSITY DR, SUITE 218  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE TD ☐ DELETE  
NAME DAVIES, SANDRA  
STREET ADDRESS %1515 UNIVERSITY DR, SUITE 218  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE SD ☐ DELETE  
NAME BURRBATT, SANDRA  
STREET ADDRESS %1515 UNIVERSITY DR, SUITE 218  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)