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**Mar 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V57571 (4)

1. Corporation Name
JOSEPH T. FRISCIA, P.E., INC.



Principal Place of Business: **608 SW BAYSHORE BLVD PORT ST LUCIE FL 34983 US**
Mailing Address: **608 SW BAYSHORE BLVD PORT ST LUCIE FL 34983-1864 US**

3. Date Incorporated or Qualified: **08/14/1992**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business: **679 Whitmore Dr.**
2a. Mailing Address: **679 Whitmore Dr.**

4. FEI Number: **65-0358476**
Applied For: Not Applicable

22. Suite, Apt. #, etc. (blank)
27. Suite, Apt. #, etc. (blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **Port St. Lucie, FL**
28. City & State: **Port St. Lucie, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **34984** Country: (blank)
29. Zip: **34984** Country: (blank)

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRISCIA, JOSEPH T.
608 SW BAYSHORE BLVD
PORT ST LUCIE FL 34984**

81 Name: **Friscia, Joseph T.**
82 Street Address (P.O. Box Number is Not Acceptable): **679 Whitmore Dr.**
83 (blank)
84 City: **Port St. Lucie** FL 85 Zip Code: **34984**

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: *Joseph T. Friscia* **Joseph T. Friscia** DATE: **2/22/97**
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRISCIA, JOSEPH T.	
STREET ADDRESS	1685 SW BILTMORE STREET	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	FRISCIA, JOSEPH T.	
STREET ADDRESS	608 SW BAYSHORE BLVD	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 a address.

SIGNATURE: *Joseph T. Friscia* **Joseph T. Friscia** DATE: **2/22/97** (561) 342-4980
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)