FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

DOCUMENT # 506079

(3)

PROCACCI DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address .										B.E. 1881
255 N.W. 12TH AVENUE DEERFIELD BEACH FL 33442			255 N.W. 12TH AVENUE DEERFIELD BEACH FL 33442-1703							
US		US					3. Date Incorporated or Qualified 06/29/1976		e of Last Re 3/1996	eport
2. Principal Pl	ace of Business	2a. Maili	ng Address				4, FEI Number		Ap	plied For
21		26					59-1890272	Not Applicable		
Suite, Apt 4	#, etc.	Suite 27	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution	Added to Fees		
Zφ	Country	Zip	Zip Co				8. This corporation has liability for i			199.032,
24	25	29		30				Yes 🗀		
	g. Name and Address of Curi	rent Registered	Agent				10. Name and Address of New Re	gistered A	gent	
	OCACCI, PHILIP J.				31 N	ame				
255		8	32 S	treet Add	dress (P.O. Box Number is Not Acceptable)					
DEE		_	_ _							
				1	33					
				6	34 C	ity			85 Zip (Code
			00 Fiid- 0	de de ele			the state of the s	FL	hanaina it	o ropiotorod
11. Pursuant to	to the provisions of Sections 607.t egistered agent, or both, in the Sta	ate of Florida. Su	us, Fiorida Stat ich change was	utes, the abo s authorized	by th	amed corp e corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appo	intment as	registered
agent. I ar	m familiar with, and accept the ob	ligations of, Sect	tion 607. 0 505, I	Florida Statu	tes.					
SIGNATURE				0.7.F. F.			ired when reinstaling)	DATE		
	Signature typed or printed name of registered OFFICERS	agent and title it applic AND DIRECTORS	<u>·</u>	13.	Ageni s	gnalura requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S INI 2
TITLE	PD	AND DIRECTOR	DELETE	1.1 TITL	E		ADDITIONS/OFFARGES TO CITTLE		Change	Addition
NAME	PROCACCI, PHILIP J.			1.2 NAM					•	
STREET ADDRESS	255 N.W. 12TH AVENUE			1.3 STA		DESCS.				
	DEERFIELD BEACH FL			1.4 CITY		- 1				
CITY-ST-ZIP TITLE	DECIMILED DESIGNATE		DELETE	2.1 TiTk		"			Change	Addition
NAME				22 NAM						
STREET ADDRESS				2.3 STR	FFT ADD	IRESS	•		-	
CITY-ST-ZIP				2. 4 CIT						
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITL					Change	Addition
NAME				3.2 NAM	Æ					
STREET ADDRESS				3.3 STR	EET ADO	RESS				
CITY-ST-ZIF				3.4. CIT	Y-ST-2	TIP	·			
TITLE			DELETE	4.1 TITL	E				Change	Addition
NAME				4. 2 NA	MÉ					
STREET ADDRESS				4.3 STR	EET ADI	XRESS				
CITY-ST-Z#				4.4 CITY	Y-ST-Z	IP .				
TITLE			☐ DELETE	51 TITL	.E		•		Change	Addition
NAME				52 NAM	ME.					
STREET ADDRESS				. 53 STR	EET ADI	DAESS				
CITY-ST-ZIP				5.4 C(T)		iP .				· · · · · · · · · · · · · · · · · · ·
TITLE			☐ DELETE	6.1 TITE	Æ				Change	Addition
NAME				6.2 NAN	ME					
STREET ADDRESS				6.3 STR	EET ADI	DRESS				
CITY - S1 - 7IP					Y-ST-Z			- بالمراورة	andit - Ab	ah a
							id in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega			
I am an o	officer or director of the corporation	or the receiver	or trustee emp	owered to ex	recute	this repo	ort as required by Chapter 607, Florida S	Statutes; an	d that my r	าลฑอ
appears i	CHange	Macr	michi with su s	IUU1000.						

JAN. 28, 1997 (954) 725-0034

FILED

Feb 04 1997 8:00am

Secretary of State

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SIGNATURE NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PHILIP J. PROCACCI