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FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 247035

(9)

1. Corporation Name

DIVOSTA AND COMPANY, INC.

Principal Place of Business

4500 PGA BLVD
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD
PALM BEACH GARDENS FL 33418-3968

3. Date Incorporated or Qualified

04/29/1961

3a. Date of Last Report

03/12/1996

4. FEI Number

59-0920753

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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25

29

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9. Name and Address of Current Registered Agent

DI VOSTA, OTTO B

4500 PGA BLVD

PALM BEACH GARDENS FL 33418

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, Section 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETENAME DI VOSTA, OTTO B
STREET ADDRESS 4500 PGA BLVD
CITY - ST - ZIP PALM BCH GARDENS FLTITLE D ☐ DELETENAME DIVOSTA, BETTY, J
STREET ADDRESS 4500 PGA BLVD
CITY - ST - ZIP PALM BCH GARDENS FLTITLE VS ☐ DELETENAME SHANNON, WILLIAM, E
STREET ADDRESS 4500 PGA BLVD
CITY - ST - ZIP PALM BCH GARDENS FLTITLE V ☐ DELETENAME KAIRALLA, ROBERT, S
STREET ADDRESS 4500 PGA BLVD
CITY - ST - ZIP PALM BCH GARDENS FLTITLE V ☐ DELETENAME HATHAWAY, CHARLES H
STREET ADDRESS 4500 PGA BLVD
CITY - ST - ZIP PALM BCH GARDENS FLTITLE V ☐ DELETENAME TROTTA, GLEN T
STREET ADDRESS 4500 PGA BLVD
CITY - ST - ZIP PALM BCH GARDENS FL

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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Kairalla

Date

1/17/97

Daytime Phone

(561) 627-2112

0300125

CR2E034 (9/96)