FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** TOMASELLO INC Principal Place of Business Mailing Address 5311 GEORGIA AVE 5311 GEORGIA AVE PO BOX 6697 PO BOX 6697 W PALM BCH FL 33405 W PALM BCH FL 33405 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1965 01/27/1995 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 26 59-1097907 Not Applicable Surte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zio Country $Z_{\rm IP}$ Country This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GADDONI, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable) 82 4362 NORTHLAKE BLVD. SUITE 203 PALM BCH GARDENS FL 33410 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typied or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 TITLE ☐ Change ☐ Addition TOMASELLO.RUDOLPH P NAME 1.2 NAME 7400 WEST LAKE DRIVE STREET ACORESS 1.3 STREET ADDRESS CITY-S1-ZIP WEST PALM BEACH FL 1.4 CITY - ST - ZIP VTD TI31 F DELETE 2 1 TITLE ☐ Change Addition DOLL, REGINA T NAME 2 2 NAME 1850 LIN MAR DR. STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEAACH FL C-1Y-S1-ZiP 24 CITY-ST-ZIP 1.116 DELETE 3 1 TITLE Change ■ Addition TOMASELLO, THERON R. JR. NAME 32 NAME 722 S. PENNOCK LANE STREET ADDRESS 33 STREET ADDRESS JUPITER FL CITY-51-ZIF 3 4 CITY - ST - ZIP TITLE DELETE Addition 4 1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - ST - ZIP THE ☐ DELETE 5 1 TITLE Change ☐ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST-ZIP THLE DELETE 6.1 TITLE ☐ Addition Change NAME 6.2 NAME STREET ACIDRESS 6.3 STREET ADDRESS CITY-ST-7IP 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 armual 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 comporation 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.