

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **289077** (0)
1. Corporation Name
NTGARGIULO, INC.



Principal Place of Business: **15000 OLD 41 NORTH NAPLES FL 33963**
Mailing Address: **15000 OLD 41 NORTH NAPLES FL 33963**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 County
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3. Date Incorporated or Qualified: **01/01/1965**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-1088148**
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. 193.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**GARGIULO, JEFFREY D.
15000 OLD 41 NORTH
NAPLES FL 33963**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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 is authorized by the corporation's board of directors. The entity accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETED
NAME	PROCACCI, JOSEPH	
STREET ADDRESS	3655 SO LAWRENCE ST	
CITY, ST, ZIP	PHILADELPHIA PA	
TITLE	VD	[] DELETED
NAME	GARGIULO, JOHN R	
STREET ADDRESS	15000 OLD 41 NO	
CITY, ST, ZIP	NAPLES FL	
TITLE	DC	[] DELETED
NAME	GARGIULO, DEWEY R	
STREET ADDRESS	15000 OLD 41 NO	
CITY, ST, ZIP	NAPLES FL	
TITLE	V	[] DELETED
NAME	POKLEMB, STEPHEN A	
STREET ADDRESS	15000 OLD 41 NO	
CITY, ST, ZIP	NAPLES FL	
TITLE	D	[] DELETED
NAME	PROCACCI, J M	
STREET ADDRESS	1042 PUTNAM BLVD	
CITY, ST, ZIP	WALLINGFORD PA	
TITLE	D	[] DELETED
NAME	FISHBEIN, BENJAMIN	
STREET ADDRESS	ELKINS PK SQ STE 200	
CITY, ST, ZIP	ELKINS PK PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[] Change [] Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[] Change [] Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[] Change [] Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[] Change [] Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied is true. I request that my name be recorded in the public records as required by Section 119.02(2)(g), Florida Statutes. I further certify that the information included 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 registered agent or have been named to generate the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if change of record is applicable.

SIGNATURE: *Jeffrey D. Gargiulo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey D. Gargiulo

4/9/96

CR2E034 (12/95)