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Apr 03 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 # 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 34110-8415



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 649 5th Ave. S.

27 Suite, Apt. #, etc.

28 #221

29 City & State

30 Naples, FL

31 Zip

32 34102

33 Country

34 USA

3. Date Incorporated or Qualified
01/01/1965

3a. Date of Last Report
04/19/1996

4. FEI Number
59-1088148

Applied For
Not Applicable

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GARGIULO, JEFFREY D.
15000 OLD 41 NORTH
NAPLES FL 33963

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 of person printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PROCACCI, JOSEPH
STREET ADDRESS 3855 SO LAWRENCE ST
CITY-ST-ZIP PHILADELPHIA PA

DELETE

TITLE VD
NAME GARGIULO, JOHN R
STREET ADDRESS 15000 OLD 41 NO
CITY-ST-ZIP NAPLES FL

DELETE

TITLE DC
NAME GARGIULO, DEWEY R
STREET ADDRESS 15000 OLD 41 NO
CITY-ST-ZIP NAPLES FL

DELETE

TITLE V
NAME POKLEMB, STEPHEN A
STREET ADDRESS 15000 OLD 41 NO
CITY-ST-ZIP NAPLES FL

DELETE

TITLE D
NAME PROCACCI, J M
STREET ADDRESS 1042 PUTNAM BLVD
CITY-ST-ZIP WALLINGFORD PA

DELETE

TITLE D
NAME FISHBEINM, BENJAMIN
STREET ADDRESS ELKINS PK SQ STE 200
CITY-ST-ZIP ELKINS PK PA

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE DC
3.2 NAME Gargiulo, Dewey
3.3 STREET ADDRESS 649 5th Ave. So. #221
3.4 CITY-ST-ZIP Naples, FL 34102

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

3/24/97

(941) 436-3591

CR2E034 (9/96)