FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (8)**DOCUMENT #** E.P. GIULIANO CONSTRUCTION, INC. Principal Place of Business Mailing Address 4422 GERMANTOWN RD 4422 GERMANTOWN RD DELRAY BCH FL 33445 DELRAY BCH FL 33445 3. Data locamprated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1521496 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIULIANO (E.P.) 4422 GERMANTOWN RD 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BCH FL 33445 83 84 City Zip Code 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed risinile of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. ETHILE GIULIANO, ERMINIO Change Addition NAME 1.2 NAME 44422 GERMANTOWN RD. CR2E034 STREET ADDRESS 1.3 STREET ADDRESS DELRAY BCH, FL 00000 CHTY-ST-ZIP 1.4 CITY - ST- ZIP TATLE DELETE 2 1 TITLE GIULIANO, CATHERINE Change ■ Addition NAME 22 NAME 4422 GERMANTOWN RD. STREET ADDRESS DELRAY BCH, FL 00000 2.3 STREET ADDRESS City-St-7/P 2.4 CITY - ST - 7IP TITLE DELETE 3.1700.6 GIULIANO, PETER Add tion Change NAME 3.2 NAME 4422 GERMANTOWN RD. STREET ADDRESS 3.3. STREET ADDRESS DELRAY BCH, FL 00000 CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; 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 6.4 CITY-\$1-7IP

CATHERINE GIULIANO
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(12/95)