FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **470015** **(9)**

1. Corporation Name
BONANNO MAINTENANCE, INC.

Principal Place of Business	Mailing Address
6850 NW 2ND AVE 34 BOCA RATON FL 33487 US	6850 NW 2ND AVE 34 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1975	3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address: 400 N.E. 20th Street	4. FEI Number: 59-1566492	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27 D 304		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 Boca Raton, FL.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No	
24 / 25	29 33431 / 30 P.B.		

9. Name and Address of Current Registered Agent

BONANNO, MARIE
6850 N.W. 2ND AVE. #34
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable): 400 N.E. 20th Street D 304

63

64 City: Boca Raton, FL 65 Zip Code: 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition PD
NAME	CAPURRO, MARIE V	12 NAME	BONANNO, MARIE V.
STREET ADDRESS	6850 N.W. 2ND AVE #34	13 STREET ADDRESS	400 N.E. 20th Street D 304
CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	ST	21 TITLE	☑ Change ☐ Addition ST
NAME	ETTORE, BONANNO	22 NAME	Ettore BONANNO
STREET ADDRESS	6850 N.W. 2ND AVE #34	23 STREET ADDRESS	400 N.E. 20th St. D 304
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	Boca Raton, FL
TITLE	D	31 TITLE	☐ Change ☐ Addition D
NAME	BONANNO, MARIE V	32 NAME	BONANNO MARIE V
STREET ADDRESS	6850 NW 2ND AVE #34	33 STREET ADDRESS	400 N.E. 20th St. D 304
CITY-ST-ZIP	BOCA RATON FL 33487	34 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	V	41 TITLE	☐ Change ☐ Addition V.
NAME	BONANNO, ETTORE	42 NAME	BONANNO, Ettore
STREET ADDRESS	6850 NW 2ND AVE #34	43 STREET ADDRESS	400 N.E. 20th St. D 304
CITY-ST-ZIP	BOCA RATON FL 33487	44 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Marie V. Bonanno 4/27/95 407-936-5634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

097A481 CP