

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 02 1996 8:00 am
Secretary of State

DOCUMENT # 486403 (9)

1. Corporation Name

ZICARO'S, INC.

Principal Place of Business

Mailing Address

2960 N.W. COMMERCE PARK DRIVE
BOYNTON BEACH FL 33426

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BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified

10/13/1975

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1635756

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZICARO, NICHOLAS C JR
2960 N.W. COMMERCE PARK DRIVE
BOYNTON BEACH FL 33426

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 Registered Agent or Secretary of State (If both, sign both)

(Signature of Agent or Secretary of State must be accompanied by)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ZICARO, JR NICHOLAS C
STREET ADDRESS 4880 OXFORD WAY
CITY-ST-ZIP BOCA RATON FL

TITLE ST ☐ DELETE
NAME ZICARO, HELEN E
STREET ADDRESS 4880 OXFORD WAY
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE
NAME ZICARO, NICHOLAS III
STREET ADDRESS 18115 LAKE BEND DR
CITY-ST-ZIP JUPITER FL

TITLE V ☐ DELETE
NAME LABELLE, PAULA
STREET ADDRESS 5164 NW 42 TERRACE
CITY-ST-ZIP COCONUT CREEK FL

TITLE V ☐ DELETE
NAME ZICARO, LISA
STREET ADDRESS 4880 OXFORD WAY
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa D. Zicaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA D. ZICARO

7-29-96

(561) 547-1600

CR2E034 (3/96)