

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 488971

1. Corporation Name
Florifoam, Inc.

Principal Place of Business **Mailing Address**

3600 Mystic Point Dr. LPH 13
Aventura, Florida 33180

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1976		3a. Date of Last Report 1996	
21. SAME		26. 3600 Mystic Pt, Dr.		4. FEL Number 59-1630094		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. LPH 13		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State		28. Aventura, FL		6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. 33180		30. USA	
25. Country		29. 33180		30. USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

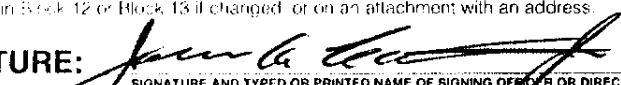
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Joseph A. Castronovo, Jr 3600 Mystic Point Drive LPH 13 N. Miami Beach, FL 33180				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			
				85. 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 _____ (NO "E" Registered Agent signature required when reinstating) **DATE** _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	☐ DELETE		11. TITLE	T/D	☐ Change ☒ Addition	
NAME	Joseph A. Castronovo, Jr			12. NAME	Myriam S. Castronovo		
STREET ADDRESS	3500 Mystic Pt. Dr. LPH 13			13. STREET ADDRESS	3600 Mystic Point Dr. LPH 13		
CITY-ST-ZIP	N. Miami Beach, FL 33180			14. CITY-ST-ZIP	N. Miami Beach, FL 33180	☐ Change ☒ Addition	
TITLE	S/T	☒ DELETE		21. TITLE	SEC/Dir.	☐ Change ☒ Addition	
NAME	Joseph A. Castronovo, III			22. NAME	A.C. Bergman		
STREET ADDRESS	5938 Pitch. Pine Drive			23. STREET ADDRESS	7451 W. Oakland Park Blvd		
CITY-ST-ZIP	Orlando, FL 32819	☐ DELETE		24. CITY-ST-ZIP	Lauderhill, FL 33319	☐ Change ☐ Addition	
TITLE		☐ DELETE		31. TITLE		☐ Change ☐ Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		☐ DELETE		41. TITLE		☐ Change ☐ Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		☐ DELETE		51. TITLE		☐ Change ☐ Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		☐ DELETE		61. TITLE		☐ Change ☐ Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP			

14. I 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**
JOSEPH A. CASTRONOVO, JR.

4/21/97 **(305) 933-8549**
Date Daytime Phone #

CR2E034 (9/96)