

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 506079

(3)

1. Corporation Name

PROCACCI DEVELOPMENT CORPORATION



Principal Place of Business

401 W. LINTON BLVD.  
DELRAY BEACH FL 33444

Mailing Address

401 W. LINTON BLVD.  
DELRAY BEACH FL 33444

2. Principal Place of Business

2a. Mailing Address

21 255 N. W. 12th Avenue

26 255 N. W. 12th Avenue

3. Date Incorporated or Qualified  
06/29/1976

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-1890272

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Deerfield Beach, FL

City & State

28 Deerfield Beach, FL

Zip

24 33442

Country

25 Broward

Zip

29 33442

Country

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROCACCI, PHILIP J.  
401 W. LINTON BLVD.  
DELRAY BEACH FL 33444

81 Name

PROCACCI, PHILIP J.

82 Street Address (P.O. Box Number is Not Acceptable)

255 N.W. 12TH AVENUE

83

84 City

DEERFIELD BEACH

FL

85 Zip Code  
33442

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]*

PHILIP J. PROCACCI, PRESIDENT 4/17/96

(NOTE: Registered Agent signature must be filed with this filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PROCACCI, PHILIP J.  
STREET ADDRESS 401 W LINTON BLVD.  
CITY - ST - ZIP DELRAY BEACH FL

☐ DELETE

1.1 TITLE PD  
1.2 NAME PROCACCI, PHILIP J.  
1.3 STREET ADDRESS 255 N. W. 12th Avenue  
1.4 CITY - ST - ZIP Deerfield Beach, FL 33442

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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 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 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]*  
PHILIP J. PROCACCI

4/17/96 954 725-0034

Date Daytime Phone #

CR2E034 (12/95)