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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 509303 DOCUMENT #
1. Corporation Name

(4)

	JOE CE	ravolo i	REALTY, INC.										
Principal Place of Business Mailing Address										I IADOLET BILLY BASAN INTON HATH	OBIOG IIII BIQII QI	DII QIQIL DIGA	BYDAL ONDLY COOL
5651 CORPORATE WAY					5651 CORPORATE WAY								
SUITE 2 WEST PALM BEACH FL 33407			-	Suite 2 W. Palm Beach Fl 33470 US									
US										<ol> <li>Date Incorporated or Qualifity</li> </ol>		e of Last R	
2. Principal Place of Business				2a.	2a. Mailing Address					<b>07/12/1976 4.</b> FEI Number		4/25/19	
21				26	princip -					EO 4744040			Not Applicable
	Suite, Apt. #. etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
City & State			27	·· • •								Required	
23	ORY & State	a Sia.e			City & State					<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	9 🗆		O May Be d to Fees
	Z153		Country		Zιρ	Co	untry			8. This corporation has liability	<u>-</u>	_	
24		25		29		30					Yes □No		
		9. Name an	id Address of Cu	rrent Registe	ered Agent		0.1	No		10. Name and Address of Ne	w Registered	Agent	
	CEDAVIO	A INCENT					81	Name					
CERAVOLO, JOSEPH J. 244 ORANGE GROVE								Street	Address	dress (P.O. Box Number is Not Acceptable)			
PALM BEACH FL 33480													
								01	···· ·				
							84				FL	.     `	p Code
	NATHEE		th, in the State of I he obligations of, S critical name of registered.			ized by the				on submits this statement for the of directors. I hereby accept the	appointment as	anging its i	l agent. I am
12.				AND DIRECT		13		C Bigins:orc	rodu oci in-	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
11:UF		PST			☐ DELETE	1 1	TITLE			······································		Change	☐ Addition
NAME		CERAVOL					12 NAME						
	ET ADDRESS	SS 244 ORANGE GROVE PALM BEACH FL						13 STREET ADDRESS					
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TITLE					□ DELETE	3 1	TITLE					Change	Addition
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	FT ADDRESS							ADDRESS					
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NAMI	i i						NAME				•		
STHEI	ET ADORESS							ADDRESS					
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10116					□ DEFELE		TITLE					Change	☐ Addition
NAME							NAME						
	-ST-7IP							ADDRESS					
THE					☐ DELETE		CITY - ST TITLE	1-41P	<del> </del>			Change	Addition
NAME	.						NAME				ı		
SIRE	ET ADDRESS								1				
Oily-						63	STALET	ADDRESS					

receitly that the information supplied with this liming is voluntarily information and coes not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer of 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 of Block 13 if changes, or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 JAN 1496 4074788834