

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 # **545985** (4)

1. Corporation Name
THE ROBERT STEFANI CO. INC.



Principal Place of Business: **920 E. INLET DR. MARCO ISLAND FL 33937**
Mailing Address: **920 E. INLET DR. MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified: **09/23/1977**
3a. Date of Last Report: **04/18/1995**

| | | | |
|---------------------------------|-------------------------|---|---|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For / Not Applicable |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 59-1769600 | |
| 23. City & State | 27. City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25. Country | 29. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 30. Country | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCUJERI, SALVATORE ESQ.
601 ELKCAM CIRCLE
MARCO ISLAND FL 33937**

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | |
| 85. Zip Code | FL |

11. Pursuant to the provisions of Sections 607.002 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 Sections 607.005, Florida Statutes.

SIGNATURE: *John F. Fetterhoff* (Date) **4/30/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PTD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FETTERHOFF, JOHN W. | 2. NAME | |
| STREET ADDRESS | 920 E. INLET DR. | 3. STREET ADDRESS | |
| CITY - ST - ZIP | MARCO ISLAND FL | 4. CITY - ST - ZIP | |
| TITLE | SD | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FETTERHOFF, RUTH V. | 6. NAME | |
| STREET ADDRESS | 920 E. INLET DR. | 7. STREET ADDRESS | |
| CITY - ST - ZIP | MARCO ISLAND FL | 8. CITY - ST - ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY - ST - ZIP | | 12. CITY - ST - ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY - ST - ZIP | | 16. CITY - ST - ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY - ST - ZIP | | 20. CITY - ST - ZIP | |
| TITLE | | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY - ST - ZIP | | 24. CITY - ST - ZIP | |

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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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/30/96, **2014-234**

CR2E034 (12/95)