

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 621906 (7)

1. Corporation Name

INCITCO REALTY, INC.



Principal Place of Business

**2015 9TH ST. SW
VERO BEACH FL 32962
US**

Mailing Address

**P.O. BOX 430
VERO BEACH FL 32961**

3. Date Incorporated or Qualified
05/16/1979

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

4. FEI Number

59-1974661

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

9. Name and Address of Current Registered Agent

**SOLARI, ROBERT M.
2015 9TH ST SW
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent (if not applicable)

Signature, typed or printed name of registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP SOLARI, ROBERT M.**
STREET ADDRESS **2015 9TH ST SW**
CITY-STATE-ZIP **VERO BCH FL**

TITLE ☐ DELETE
NAME **CD KOBBE, ELAINE S**
STREET ADDRESS **1150 SPANISH RIVER RD.**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **DS SHACK, DONALD D.**
STREET ADDRESS **530 FIFTH AVENUE, 16TH FLOOR**
CITY-STATE-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **WD STRATTON, CARL W.**
STREET ADDRESS **2015 9TH ST SW**
CITY-STATE-ZIP **VERO BEACH FL**

TITLE ☐ DELETE
NAME **D SOLARI, JOSEPH G JR**
STREET ADDRESS **RD 2 PROVINCE LINE RD**
CITY-STATE-ZIP **PRINCETON NJ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Director Only

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert M. Solari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Solari

4/23/96

407-562-4773

Date

Daytime Phone #

CR2E034 (12/95)