

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

FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 647751 (7)

1. Corporation Name  
THE FRATICELLI COMPANIES, INC.



Principal Place of Business

~~880 NE 69TH ST. #12F~~  
~~P. O. BOX 530675~~  
~~MIAMI SHORES FL 33162-0675~~  
US

Mailing Address

P.O. BOX 1465  
~~P. O. BOX 530675~~  
TAVERNIER FL 33070-1465  
US

2. Principal Place of Business

21 175 INDIAN MOUND TRAIL  
Suite, Apt. #, etc.

22 City & State  
TAVERNIER FL

23 Zip 33070 Country MONROE

2a. Mailing Address

26 P.O. BOX 1465  
Suite, Apt. #, etc.

27 City & State  
TAVERNIER FL

28 Zip 33070 Country MONROE

3. Date Incorporated or Qualified

12/10/1979

3a. Date of Last Report

01/23/1996

4. FEI Number

59-1951711

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

FRATICELLI, PAUL

~~880 N.E. 69 STREET~~

~~MIAMI FL 33136~~

10. Name and Address of New Registered Agent

81 Name PAUL FRATICELLI

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

175 INDIAN MOUND TRAIL

83

84 City TAVERNIER FL

85 Zip Code 33070

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 familiar with and bound by the obligations of, Section 607.1508, Florida Statutes.

SIGNATURE

*Paul Fraticelli*

PAUL J. FRATICELLI

1-7-97

(Signature typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FRATICELLI, PAUL	
STREET ADDRESS	<del>880 N.E. 69 ST.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	175 INDIAN MOUND TRAIL
1.4 CITY-ST-ZIP	TAVERNIER, FL. 33070
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

*Paul Fraticelli*

PAUL J. FRATICELLI

1-7-97 305-853-0424

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone

CR2E034 (9/96)