

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 662068 (6)

1. Corporation Name

C.I.R. SERVICE, INC.



Principal Place of Business

1975 SOUTHWEST 116 AVENUE
DAVIE FL 33325

Mailing Address

1975 SOUTHWEST 116 AVENUE
DAVIE FL 33325

3. Date Incorporated or Qualified
04/23/1980

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2374293

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELLERITO, ALEX
1975 SW 116 AVENUE
DAVIE FL 33325

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 and then applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSD
PELLERITO, ALEX
1975 SW 116 AVENUE
DAVIE FL

TITLE ☐ DELETE

NAME
D
PELLERITO, ALEX
1975 SW 116 AVENUE
DAVIE FL

TITLE ☐ DELETE

NAME
T
PELLERITO, DENISE
1975 SW 116 AVENUE
DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - 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:

Alex Pellerito ALEX PELLERITO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96
DATE

(954)
476-0244
OFFICIAL PHONE #

CR2E034 (12/95)