

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 694194 (2)

1. Corporation Name

TONY TRANCHIDA, INC.



Principal Place of Business

5791 HARRINGTON WAY
BOCA RATON FL 33496

Mailing Address

5791 HARRINGTON WAY
BOCA RATON FL 33496

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

TRANCHIDA, TONY
5791 HARRINGTON WAY
BOCA RATON FL 33496

3. Date Incorporated or Qualified

07/13/1981

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2174981

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

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 of person or persons who are authorized to sign this statement

Signature of Registered Agent (signature required when starting)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME TRANCHIDA, TONY
3. STREET ADDRESS 5791 HARRINGTON WAY
4. CITY-ST-ZIP BOCA RATON FL 33496
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP
5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-ST-ZIP
9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-ST-ZIP
13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-ST-ZIP
17. 17. TITLE
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-ST-ZIP
21. 21. TITLE
22. 22. NAME
23. 23. STREET ADDRESS
24. 24. CITY-ST-ZIP
25. 25. TITLE
26. 26. NAME
27. 27. STREET ADDRESS
28. 28. CITY-ST-ZIP
29. 29. TITLE
30. 30. NAME
31. 31. STREET ADDRESS
32. 32. CITY-ST-ZIP
33. 33. TITLE
34. 34. NAME
35. 35. STREET ADDRESS
36. 36. CITY-ST-ZIP
37. 37. TITLE
38. 38. NAME
39. 39. STREET ADDRESS
40. 40. CITY-ST-ZIP
41. 41. TITLE
42. 42. NAME
43. 43. STREET ADDRESS
44. 44. CITY-ST-ZIP
45. 45. TITLE
46. 46. NAME
47. 47. STREET ADDRESS
48. 48. CITY-ST-ZIP
49. 49. TITLE
50. 50. NAME
51. 51. STREET ADDRESS
52. 52. CITY-ST-ZIP
53. 53. TITLE
54. 54. NAME
55. 55. STREET ADDRESS
56. 56. CITY-ST-ZIP
57. 57. TITLE
58. 58. NAME
59. 59. STREET ADDRESS
60. 60. CITY-ST-ZIP
61. 61. TITLE
62. 62. NAME
63. 63. STREET ADDRESS
64. 64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is accurately 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

1-800-624-7660

CR2E034 (12/95)