

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704343 (3)

1. Corporation Name
MICCO VOLUNTEER FIRE DEPARTMENT INC



Principal Place of Business Mailing Address
301 BAREFOOT BLVD. SEBASTIAN FL 32976-7420

3. Date Incorporated or Qualified **07/26/1962** 3a. Date of Last Report **02/28/1995**
4. FEI Number **59-2419082** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BEATTY, RONALD CHIEF
GARRETT ROAD
SEBASTIAN FL 32958**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BEATTY, RONALD	
STREET ADDRESS	GARRETT RD BOX 325A	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	ACD	<input type="checkbox"/> DELETE
NAME	FREGO, MARGARET	
STREET ADDRESS	725 E THRUSH	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	FREGO, FRANK	
STREET ADDRESS	725 E THRUSH	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RATNER, MILTON	
STREET ADDRESS	900 NW CASHEW CIR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HARDY, WILLIAM	
STREET ADDRESS	613 BOUGAINVILLE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTCH, JOSEPH	
STREET ADDRESS	RT. 2, BOX 376	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MILTON RATNER* *Sandra B. Mortham* **3-4-96** **407-664-2724**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)