## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 769612

(3)

CALL	JADV	MIMICTRY	MC

ONLYNII	Mildiottit, inc.										
Principal Place o	f Business	М	ailing Address					i imajir namid desim rarin disar biesa	11 <b>0</b> 1 0101		1811 E1811 1981
% JOHN RAUC	' ST.	1	6 JOHN RAUCCI 480 MERCURY ST.	10050 0100							<u> </u>
MERRITT ISLAM	MERRITT ISLAND FL 32953-3123		MERRITT ISLAND FL 32953-3123			3	. Date Incorporated or Qualified 07/29/1983	3a. Date of Last Report 04/13/1995			
2. Principal Plac	e of Business	2a.	. Mailing Address			<del> </del>	4	. FEI Number		A	pptied For
11		26						59-2965813			lot Applicable
Suite, Apt. #	etc.	27	Suite, Apt. #, etc.				5	. Certificate of Status Desired		Fee R	Additional lequired
City & State		28	City & State				6	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	1	Zip	Co	untry		8	. This corporation has liability for	ntangible ta	x under s.	199.032,
24	25	29		30					Yes 🗌		
	9. Name and Address of Currer	t Regis	stered Agent		01	None	10	Name and Address of New F	egistered	/Beur	
					81	MAS	TOT	John Raucci			
RAUCCI,	GIACOMI P.				62	Street Ac	ldress (	O. Box Number is Not Acceptat	eet		
210 SPR	ng drive				83	1480	<u> </u>	hereury stre	==1		
MERRITT	ISLAND FL 32953				63						
					84	SY ~	~ <del> 7</del>	1 Teland	FL	85 Zp	<sup>5</sup> જ્જ્જૂઽ3
	the provisions of Sections 617,0502	V = ad C	17 1500 Florido State	too the at	1	named corr	coration	submits this statement for the pu		anging its re	agistered office
<ol><li>Pursuant to or registere</li></ol>	o the provisions of Sections 617.0502 ad agent, or both, in he State of Flori n, and accept the obligations in Sec	and b da. Suc	th change was author	ized by the	corp	oration's b	oard of	directors. I hereby accept the app	ointment as	registered	agent. I am
familiar with	n, and accept the obligations of Sect	ion 617	'.0503, Florida Statute J	<del>9</del> 8.				4-1	5-94		
SIGNATURE _	Signature, typed or printed name of registered agen	L	Landashia B	UOTE: Renisten	art Ame	nt signature req	ulred when	reinstatino)	DATE		
12	OFFICERS AN			13				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	DP	- Diric	DELETE	1.1	TITLE					Change	☐ Addition
NAME	RAUCCI, JOHN		_	1.2	NAME	1					
STREET ADDRESS	1480 MERCURY ST			1.3	STREE	T ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND, FL 00000			1.4	CITY-	ST-ZIP					
TITLE	D		DELETE	2.1	TITLE					Change	Addition
NAME	RAUCCI, GIACOMO P.		, ,	2.2	NAME						
STREET ADDRESS	615 SOMMERS HAMMOCK L	ANE		2.3	STREE	1 ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND, FL 00000			-		ST-ZIP				Change	C Addition
TITLE	D		DELETE	3.1	TITLE					Change	Addition Addition
NAME	HEARD, WORTHAM				NAME						
STREET ADDRESS	1360 NORTH CARPENTER R	D.		1		T ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL		Document		. CHTY- TITLE	-ST-ZIP	200	retary .		Change	Addition
TITLE	D		DELETE	1			ma	Taula	` ,	OL	#70
NAME	RAUCCI, LARRY				NAMI STORE				reck	PKW	y D
STREET ADDRESS	520 DIANA BLVD.					ST-ZIP	mã.	rith Island, th Pero+ Coep to Olympic 1	YL.	3298	2.5
CITY-ST-ZIP	MERRITT ISLAND FL		DELETE		TITLE	31" £IF	Va	the Perat (Nec	conl	Change	Addition
TITLE					NAME		LULI	on Olympic 1	Drive	۷	
NAME STREET ADDRESS						ET ADDRESS	~	, J	44	000	
CITY-ST-ZIP						eT 210	$P\alpha$	4.54.3000	TL.	347	21
TITLE			DELETE		TITLE		Tre	asure		Change	Addition
NAME				6.2	NAME	: [	Ros	- 0.1000	€.		
STREET ADDRESS				6.3	STAE	et address	ios	2 backzige		000	
				6.4	CITY-	- פול ד	M	SULT HOUSE	<u>,                                    </u>	329.	3 5
14 Ldo hereh	y certify that the information supplied the information indicated on this an	with th	nis filing is voluntarily f	urnished ar	nd do	es not qual	lify for th curate a	ne exemption stated in Section 11 no that my signature shall have th	ø.07(3)(k), Fl e same lega	orida Statu il effect as i	tes, i turtner if made under
certify that oath; that	t the information indicated on this and I am an officer or director of the corp n Block 12 or Block 12 if changed o	coration	or the receiver or tru	stee empo	verec	to execute	this re	port as required by Chapter 617,	Florida Statu	ites; and th	at my name
appears in	Block 12 or Block 12 if changed of	en an	attaonment with an a	aaress.				11 15 010			

4-15-96

Daytime Phone #