

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **853047** (9)
1. Corporation Name
ANGELO IAFRATE COMPANY



Principal Place of Business: **26400 SHERWOOD WARREN MI 48091**
Mailing Address: **26400 SHERWOOD WARREN MI 48091**

3. Date Incorporated or Qualified: **06/02/1982**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **38-1894432**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WILLIAMS, ROBERT
380 WEST ALFRED STREET
TAVARES FL 32778**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	IAFRATE, ANGELO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IAFRATE, ANGELO	1719 GUNN ROAD	12. NAME	
STREET ADDRESS: ROCHESTER MI		13. STREET ADDRESS	
CITY-STATE-ZIP:		14. CITY-STATE-ZIP:	
TITLE: VD	IAFRATE, DOMINIC	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IAFRATE, DOMINIC	1528 STONY CREEK DR.	22. NAME	
STREET ADDRESS: ROCHESTER MI		23. STREET ADDRESS	
CITY-STATE-ZIP:		24. CITY-STATE-ZIP:	
TITLE: S	IAFRATE, ANGELO, JR.	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IAFRATE, ANGELO, JR.	1089 POINTE PLACE COURT	32. NAME	
STREET ADDRESS: ROCHESTER MI		33. STREET ADDRESS	
CITY-STATE-ZIP:		34. CITY-STATE-ZIP:	
TITLE:		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP:	
TITLE:		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP:	
TITLE:		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY-STATE-ZIP:		64. CITY-STATE-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: *Angelo Iafate* 1/29/96 810-756-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)