

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F78983**

(6)

1. Corporation Name

**ALPINE FORMING, INC.**



Principal Place of Business

**1338 S. KILLIALN DR.#12  
LAKE PARK FL 33403**

Mailing Address

**1338 S. KILLIALN DR.#12  
LAKE PARK FL 33403**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**GNANI, CLAUDIO  
1338 S. KILLIALN DR.#12  
LAKE PARK FL 33403**

3. Date Incorporated or Qualified

**05/05/1982**

3a. Date of Last Report

**04/20/1995**

4. FEI Number

**59-2204043**

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 607.1503, 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 the registered agent

Signature typed or printed name of the corporation

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

**PD  
GNANI, CLAUDIO  
1338 S. KILLIALN DR.#12  
LAKE PARK, FL 00000**

☐ DELETE

**VD  
BARBUTO, VITO  
9005 GARDENS GLEN CIR.  
PALM BEACH GARDENS FL**

☐ DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

**TITLE**

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**CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11** TITLE

**12** NAME

**13** STREET ADDRESS

**14** CITY- ST- ZIP

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