

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004262 (2)**

1. Corporation Name

PETE VICARI GENERAL CONTRACTOR, INC.



Principal Place of Business

1900 DESTREHAN AVENUE
HARVEY LA 70058

Mailing Address

1900 DESTREHAN AVENUE
HARVEY LA 70058

3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

72-0914168

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

9. Name and Address of Current Registered Agent

**PALMETTO GENERAL CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
BAYTONA BEACH FL 32115-2491**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
NAME **VICARI, PETER G**
STREET ADDRESS **432 AVENUE D**
CITY-ST-ZIP **MARRERO LA 70072**

TITLE **S** DELETE
NAME **VICARI, BARBARA T**
STREET ADDRESS **432 AVENUE D**
CITY-ST-ZIP **MARRERO LA 70072**

TITLE **D** DELETE
NAME **MONTAGINO, JOE**
STREET ADDRESS **4008 BRIANT DRIVE**
CITY-ST-ZIP **MARRERO LA 70071**

TITLE **CD** DELETE
NAME **VICARI, PETER J**
STREET ADDRESS **1300 ORCHID DRIVE**
CITY-ST-ZIP **MARRERO LA 70072**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
12 NAME
13 STREET ADDRESS **Rt.1, Box 329 A, Hwy. 45**
14 CITY-ST-ZIP **Marrero, LA 70072**

2.1 TITLE Change Addition
22 NAME
23 STREET ADDRESS **Rt.1, Box 329 A, Hwy. 45**
24 CITY-ST-ZIP **Marrero, LA 70072**

3.1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(f), 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:

Barbara J. Vicari

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-12-96

Date

504-347-1196

Daytime Phone #

CR2E034 (12/95)