

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 # **F95000003895 (8)**

1. Corporation Name
G.M. CROCETTI, INC.



Principal Place of Business: **3960 MERRITT AVE. BRONX NY 10466**
Mailing Address: **3960 MERRITT AVE. BRONX NY 10466**

3. Date Incorporated or Qualified: **08/11/1995**
3a. Date of Last Report
4. FEI Number: **13-1769857**
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: **21 Same as above**
2a. Mailing Address: **26 Same as above**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAVAZZI, ARTHUR F SR	
STREET ADDRESS	14 CROSSHILL RD.	
CITY-ST-ZIP	EASTCHESTER NY 10707	
TITLE	VSDC	<input type="checkbox"/> DELETE
NAME	ANASTASI, VINCENT	
STREET ADDRESS	250 RIDGEWOOD DR.	
CITY-ST-ZIP	WANTAGH NY 11793	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CAVAZZI, ARTHUR C JR	
STREET ADDRESS	20 POND LANE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVAZZI, BEVERLY	
STREET ADDRESS	20 POND LANE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVAZZI, SHEILA	
STREET ADDRESS	14 CROSSHILL RD.	
CITY-ST-ZIP	EASTCHESTER NY 10707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANASTASI, MARIE C	
STREET ADDRESS	250 RIDGEWOOD DR.	
CITY-ST-ZIP	WANTAGH NY 11793	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Vincent Anastasi* **Vincent Anastasi, Vice President** Date: **4/24/96** Daytime Phone #: **(718) 994-0900**

CR2E034 (12/95)