

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

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 PD ☐ DELETE

NAME CAVAZZI, ARTHUR F SR  
STREET ADDRESS 14 CROSSHILL RD.  
CITY-ST-ZIP EASTCHESTER NY 10707

TITLE VSDC ☐ DELETE

NAME ANASTASI, VINCENT  
STREET ADDRESS 250 RIDGEWOOD DR.  
CITY-ST-ZIP WANTAGH NY 11793

TITLE VTD ☐ DELETE

NAME CAVAZZI, ARTHUR C JR  
STREET ADDRESS 20 POND LANE  
CITY-ST-ZIP ARMONK NY 10504

TITLE D ☐ DELETE

NAME CAVAZZI, BEVERLY  
STREET ADDRESS 20 POND LANE  
CITY-ST-ZIP ARMONK NY 10504

TITLE D ☐ DELETE

NAME CAVAZZI, SHEILA  
STREET ADDRESS 14 CROSSHILL RD.  
CITY-ST-ZIP EASTCHESTER NY 10707

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

*Vincent Anastasi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Vincent Anastasi, Vice President

4/24/96

(718) 994-0900

Date

Daytime Phone #

CR2E034 (12/95)