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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000003895 (8)**

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

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

Mailing Address
**3960 MERRITT AVE.
BRONX NY 10466-2502**



3. Date Incorporated or Qualified **08/11/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

13-1769857

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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29

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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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

Sandra B. Mortham

1/30/97

718-994-0900