

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 # F95000004208 (3)

1. Corporation Name

DECARLO & DOLL, INC.



Principal Place of Business

190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address

190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

4. FEE Number

06-1026918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DECARLO, PETER M
190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

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 607.1506, 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's signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DOLL, WILLIAM O
STREET ADDRESS 366 GREENHILL ROAD
CITY-ST-ZIP MADISON CT 06443

TITLE DS ☐ DELETE

NAME DECARLO, PETER M
STREET ADDRESS 4228 N. OCEAN DR. #11
CITY-ST-ZIP LAUDERDALE-BY-SEA FL 33308

TITLE DPT ☐ DELETE

NAME ROBERTS, RAYMOND M
STREET ADDRESS 165 NORTH STREET
CITY-ST-ZIP WALLINGFORD CT 06942

TITLE V ☐ DELETE

NAME DEPINO, BARBARA
STREET ADDRESS 81 DODGE AVE.
CITY-ST-ZIP EAST HAVEN CT 06512

TITLE V ☐ DELETE

NAME BURNS, PETER
STREET ADDRESS 2 PROSPECT ST.
CITY-ST-ZIP ANSONIA CT 06401

TITLE V ☒ DELETE

NAME JACQUES, WILLIAM
STREET ADDRESS JUDSON CT.
CITY-ST-ZIP CHESTHIRE CT 06410

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)