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Jan 29 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 # **G33687** (6)
1. Corporation Name
FIorentina Investment and Management Corp.



Principal Place of Business
**3111 N OCEAN DR
APT 1607
HOLLYWOOD FL 33019
US**

Mailing Address
**3111 N OCEAN DR
APT 1607
HOLLYWOOD FL 33019-3712
US**

3. Date Incorporated or Qualified
04/07/1983

3a. Date of Last Report
06/13/1996

4. FEI Number
59-2508408

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 Suite, Apt #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**HAMPTON, SHARON
3111 NORTH OCEAN DRIVE
HOLLYWOOD TOWERS 1107
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RAPILLARD, CHARLES J.	1.2 NAME	
STREET ADDRESS	3111 N. OCEAN DR. #1607	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	
NAME	RAPILLARD, JANINE L.	2.2 NAME	
STREET ADDRESS	3111 N. OCEAN DR. #1607	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	TUCKER, H. ALLAN (ASST)	3.2 NAME	
STREET ADDRESS	5802 TYLER ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	HAMPTON, SHARON	4.2 NAME	
STREET ADDRESS	3111 N. OCEAN DR. #1107	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Sharon Hampton* Sec'y 1/27/97 954-920-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0120082

CR2E034 (9/96)