

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

65 MAR 27 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G41721** (3)
1. Corporation Name
FIORE CORP.

Principal Place of Business
**2140-9 AVE. NORTH
ST. PETERSBURG FL 33713
US**

Mailing Address
**320 81ST AVE.
ST. PETERSBURG BEACH FL 33706
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/02/1983

3a. Date of Last Report
03/29/1994

4. FEI Number
59-2288994

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

9. Name and Address of Current Registered Agent

**FACCIPONTE, CAROL A.
320-81 AVE
ST. PETERSBURG BEACH FL 33706**

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

Signature, typed or printed name of registered agent and title 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	1.1 TITLE	☐ Change ☐ Addition
NAME	FACCIPONTE, CAROL A.	1.2 NAME	
STREET ADDRESS	320-81 AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG BCH FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	FACCIPONTE, LEONARD J.	2.2 NAME	
STREET ADDRESS	320-81 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG BCH FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ETRICK, SUSAN B.	3.2 NAME	
STREET ADDRESS	320-81 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 recorder or have been 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

CAROL A. FACCIPONTE

Date

Telephone Number

3/2/95 813-323-1414