

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G53296**

(1)

1. Corporation Name

**INDUROM OF FLORIDA, INC.**



Principal Place of Business

**515 E. LAS OLAS BLVD.  
STE. #950  
FT LAUD FL 33301**

Mailing Address

**515 E. LAS OLAS BLVD.  
STE. #950  
FT LAUD FL 33301**

3. Date Incorporated or Qualified  
**08/09/1983**

3a. Date of Last Report  
**02/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **700 S.E. Third Avenue**

26 **700 S.E. Third Avenue**

4. FEI Number

**59-2327238**

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
**Third Floor**

27 Suite, Apt. #, etc.  
**Third Floor**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 City & State  
**Ft. Lauderdale, FL**

28 City & State  
**Ft. Lauderdale, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 Zip **33316**

25 Country  
**USA**

29 Zip **33316**

30 Country  
**USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERNLIEB, HERBERT H  
3000 SOUTH COURSE DRIVE  
#502  
POMPANO BEACH FL 33069**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**13221 Saint Tropez Circle**

83

84 City

**Palm Beach Gardens**

**FL**

85 Zip Code  
**33410**

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 **DP** ☐ DELETE  
NAME **CIOCCA, RITA**  
STREET ADDRESS **10950 LUSCOMBE COURT**  
CITY- ST- ZIP **NEW PRT RCHY, FL 00000**

TITLE **VD** ☐ DELETE  
NAME **PARLAPIANO, SILVIO**  
STREET ADDRESS **701 GATEWAY BLDG**  
CITY- ST- ZIP **FT LAUD, FL 00000**

TITLE **STD** ☐ DELETE  
NAME **STERNLIEB, HERBERT**  
STREET ADDRESS **3000 SOUTH COURSE DRIVE, #502**  
CITY- ST- ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 **13221 Saint Tropez Circle**  
3.4 CITY- ST- ZIP **Palm Beach Gardens, FL 33410**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)