

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **H24098 (6)**
1. Corporation Name
MUCCI DEVELOPMENT COMPANY



Principal Place of Business Mailing Address
14650 NACOGDOCHES APT. 603 SAN ANTONIO TX 78247 US

3. Date Incorporated or Qualified: **10/05/1984**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2455365**
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 2a. Mailing Address
21 **1923 WESTPONTE CIRCLE** 26 **1923 WESTPONTE CIRCLE**
22 Suite, Apt. #, etc. 27
23 **ORLANDO, FLORIDA** 28 **ORLANDO, FLORIDA**
24 **32835** 25 **ORANGE** 29 **32835** 30 **ORANGE**

9. Name and Address of Current Registered Agent
**PALMA, ANTHONY W.
BROAD & CASSEL
1051 WINDERLEY PLACE, 4TH FLOOR
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name: **PALMA, ANTHONY W. (BROAD & CASSEL)**
82 Street Address (P.O. Box Number is Not Acceptable): **390 N. ORANGE AVENUE**
83 **SUITE 100**
84 City: **ORLANDO** FL 85 Zip Code: **32801**

11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(5), Florida Statutes.

SIGNATURE _____ DATE _____
Signature of person making registration (must be typed) Name of person making registration (must be typed) Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MUCCI, WAYNE D.	
STREET ADDRESS	14650 NACOGDOCHES, APT. 603	
CITY - ST - ZIP	SAN ANTONIO TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUCCI, WAYNE D.	
1.3 STREET ADDRESS	1923 WESTPONTE CIRCLE	
1.4 CITY - ST - ZIP	ORLANDO, FLORIDA 32835	
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 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: **Wayne D. Mucci**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1996 (407) 290-8481
Date Day and Phone #

CR2E034 (12/95)