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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

H47584

(8)

ROBERT M. CIMINO, INC.

Principal Place of Business

Mailing Address

3975 - 20TH STREET, SUITE #F

3975 - 20TH STREET, SUITE #F



VERO BEACH FL 32960			VERO BEACH FL 32960					
						3. Date Incorporated or Qualified 03/14/1985	3a. Date of Last Repo 08/09/199	
2. 21	Principa! Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2500960	L- L-	olied For
21	Suite, Apt. #, etc.		Suite, Apt. #, etc.			60		Applicable
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	State City & State 28				Election Campaign Financing Trust Fund Contribution	S5.00 Added to	
٠	Zip	Country	Zφ	Country	,	8. This corporation has liability for i		9.032,
24		25	29	30		Florida Statutes Yes		
		9. Name and Address of Curre	ni Hegisterea Agent	81	Name	10. Name and Address of New R	egistered Agent	
	CIMINO	DODEDT M						
CIMINO, ROBERT M. 3975 - 20TH STREET, SUITE #F				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
		BEACH FL 32960		83				· · · · · · · · · · · · · · · · · · ·
				84	City		last 7:- 0	ta al a
					- ",		FL B5 Zip C	
	or registere familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Flor a, and accept the obligations of, Sec	ida. Such change was authorize	ed by the corp	named corpoi oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its regi pintment as registered ag	stered office jent. I am
510	SNATURE	Ignature, typed or printed name of registered age-	itanotine l'applicable (NO	TE: Registered Age	nt signature require	id when reinstating)	DA1t	
12			ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
ΤIŢ		DP DODGOT 14	DELETE	1, 1 TITLE			Change [Addition
NAI		CIMINO, ROBERT M.		1.2 NAME				
	EET ADDRESS	3975 - 20TH STREET VERO BEACH FL			ADDRESS			
CIT	V - \$1 - ZIP	DV DEACH PL	DELETE	1.4 DITY-1 2. 1 TITLE	ST-ZIP		[Change [Addition
NAI	1	CIMINO, LORENA T.		2.2 NAME			Onlings [J 1000001
	EET ADDRESS	3975 - 20TH STREET		2.3 STREE	ADDRESS			
CIT	Y-\$1-2IP	VERO BEACH FL		2.4 City-1				
TIT	.F		DELETE	3. 1 THILE			Change [Addition
NAI	AE .			3.2 NAME				
	EET ADDRESS			3.3 STREE	T ADDRESS			
	Y-S1-ZIP		רון ארוניי	3.4 CITY-1	ST-ZIP			
TITI	1		DELETE	4. 1 TITLE			Change [Addition
NAI	EET ADDRESS			4.2 NAME 4.3 STREE	LD000000			
	V-S1-ZIP			4.3 STREE				
TITI			DELE1E	5. 1 TITLE	01-215		Change [Addition
NA	ME		-	5.2 NAME				
STE	EET ADDRESS			5.3 STREE	ADDRESS			
CIT	Y-ST-ZIP			5.4 CITY-1	ST-ZIP			
TIT	E		☐ DELETE	6. 1 TITLE			Change [Addition
NAI	AE			6.2 NAME				
STF	EET ADDRESS			6.3 STREE	ADDRESS			
CIT	Y-ST-ZIP			6.4 City-5	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 phaged or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MC CIMIND 4/24/96 407562.1659

CR2E034 (12/95)