

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H57072 (1)

1. Corporation Name  
SIVACO, INC.



Principal Place of Business

Mailing Address

315 COMMERCE WAY  
BOX 1384 ZIP 334681384  
JUPITER FL 33458

315 COMMERCE WAY  
BOX 1384 ZIP 334681384  
JUPITER FL 33458

2. Principal Place of Business

2e. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMGLIA, JOSEPH P.  
315 COMMERCE WAY  
JUPITER FL 33458

3. Date Incorporated or Quoted

05/14/1985

3a. Date of Last Report

08/03/1995

4. FEI Number

59-2565768

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 a taxable tax under s. 194(2)  
Florida Statutes

☐

Yes ☒ No

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 607.1506, 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. Thereby, accept the action taken as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If the Registered Agent is a corporation, the signature shall be of an authorized officer or agent of the corporation.)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
SMGLIA, JOSEPH P.  
17537 DOGWOOD TRAIL  
JUPITER FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPS  
SMGLIA, JOSEPH P.  
17537 DOGWOOD TRAIL  
JUPITER FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP

211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

221 TITLE 222 NAME 223 STREET ADDRESS 224 CITY-ST-ZIP

231 TITLE 232 NAME 233 STREET ADDRESS 234 CITY-ST-ZIP

241 TITLE 242 NAME 243 STREET ADDRESS 244 CITY-ST-ZIP

251 TITLE 252 NAME 253 STREET ADDRESS 254 CITY-ST-ZIP

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271 TITLE 272 NAME 273 STREET ADDRESS 274 CITY-ST-ZIP

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311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY-ST-ZIP

341 TITLE 342 NAME 343 STREET ADDRESS 344 CITY-ST-ZIP

351 TITLE 352 NAME 353 STREET ADDRESS 354 CITY-ST-ZIP

361 TITLE 362 NAME 363 STREET ADDRESS 364 CITY-ST-ZIP

371 TITLE 372 NAME 373 STREET ADDRESS 374 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 561-7471968

CR2E034 (3/96)