

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H78940 (4)**

1. Corporation Name  
**TITLE OF FLORIDA AGENCY INC.**



Principal Place of Business  
**% HELEN CICIRETTI  
6326 WHISKEY CREEK DRIVE  
FT. MYERS FL 33919**

Mailing Address  
**% HELEN CICIRETTI  
6326 WHISKEY CREEK DRIVE  
FT. MYERS FL 33919**

3. Date Incorporated or Qualified **10/03/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **808 SE 46 LANE**  
Suite, Apt. #, etc. **SUITE 3**  
City & State **CAPE CORAL FL**  
Zip **33904** Country **25**

2a. Mailing Address  
26 **808 SE 46 LANE**  
Suite, Apt. #, etc. **SUITE 3**  
City & State **CAPE CORAL FL**  
Zip **33904** Country **30**

4. FEI Number **59-2589663** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CICIRETTI, ANGELO  
6326 WHISKEY CREEK DRIVE #B  
FORT MYERS FL 33919**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**808 SE 46 LANE SUITE 3**  
83  
84 City **CAPE CORAL FL** 85 Zip Code **33904**

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 of Special Officer, Director, Receiver or Trustee (if applicable)

Signature of Registered Agent (Signature required when registering)

Date

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CICIRETT, ANGELO</b>	
STREET ADDRESS	<b>6326 WHISKEY CREEK DR. B FORT MYERS FL</b>	
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CICIRETTI, ANGELO</b>	
STREET ADDRESS	<b>6326 WHISKEY CREEK DR FT. MYERS FL</b>	
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CICIRETTI, ANGELO</b>	
STREET ADDRESS	<b>6326 WHISKEY CREEK DRIVE FT. MYERS FL</b>	
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		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
13. STREET ADDRESS	<b>808 SE 46 LANE # 3</b>
14. CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>808 SE 46 LANE # 3</b>
24. CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	<b>808 SE 46 LANE # 3</b>
34. CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**300001831543**  
**-05/21/96--01038--015**  
**\*\*\*200.00**

**5-12**

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: **ANGELO CICIRETTI VPS 4-29-96 540-2513**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)