

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 # J15754 (1)

1. Corporation Name

R.J. MAGLIO & ASSOCIATES, INC.



Principal Place of Business

2180 SR 434
SUITE 4150
LONGWOOD FL 32779
US

Mailing Address

% RICHARD J. MAGLIO
P.O. BOX 915858
LONGWOOD FL 32791-2858

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 2180 WEST SR. 434
27 SUITE 4150
28 LONGWOOD, FL
29 32779
30 US

9. Name and Address of Current Registered Agent

MAGLIO, RICHARD J
2180 SR 434
SUITE 4150
LONGWOOD FL 32779

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

05/22/1986

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2679726

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

10. Name and Address of New Registered Agent

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 type (see printed name of registered agent and the applicable

DATE (Printed Name of Agent signed on registration statement) DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PD	MAGLIO, RICHARD J.	676 SMOKERISE BLVD.	LONGWOOD FL	☐
ST	MAGLIO, ELIZABETH H.	676 SMOKERISE BLVD.	LONGWOOD FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐

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

3/30/96 (407) 682-5051 X 101
DATE (Printed Name of Agent signed on registration statement) DATE

CR2E034 (12/95)