

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 # J48808 (6)

1. Corporation Name

PASQUALE INVESTMENT CORPORATION



Principal Place of Business

24 NORTH DRIVE  
KEY LARGO FL 33037

Mailing Address

24 NORTH DRIVE  
KEY LARGO FL 33037

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
12/24/1986

3a. Date of Last Report  
01/19/1995

4. FCI Number  
65-0000314

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

DIGIORGIO, PAT  
24 NORTH DRIVE  
KEY LARGO FL 33037

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 607.1508, 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 the person filing this statement must be in ink.

(Note: Registered Agent Signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

12.1	ST	<input type="checkbox"/> DELETE
NAME	DIGIORGIO, JOANN	
STREET ADDRESS	24 NORTH DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
12.2	P	<input type="checkbox"/> DELETE
NAME	DIGIORGIO, PASQUALE	
STREET ADDRESS	24 NORTH DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
12.3		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.6		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-ST-ZIP	
2.1	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-ST-ZIP	
3.1	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-ST-ZIP	
4.1	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-ST-ZIP	
5.1	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-ST-ZIP	
6.1	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 (305) 451-4885

Date

Daytime Phone #

CR2E034 (12/95)