

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 # J76670

(5)

1. Corporation Name

FIRST AMERICAN CENTRE, INC.



Principal Place of Business

% ARIF H. PARUPIA  
2014 SE ELMHURST RD  
PORT ST LUCIE FL 34952

Mailing Address

% ARIF H. PARUPIA  
2014 SE ELMHURST RD  
PORT ST LUCIE FL 34952

2. Principal Place of Business

21 599 NW Sharpe St.

State, Apt. #, etc.

22 Port St.

City & State

23 Port St. Lucie FL

Zip

24 34983

Country

25 USA

2a. Mailing Address

26 599 NW Sharpe St.

State, Apt. #, etc.

27 Port St.

City & State

28 Port St. Lucie FL

Zip

29 34983

Country

30 USA

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

08/07/1995

4. FEI Number

52-1520128

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

PARUPIA, ARIF  
2014 SE ELMHURST RD  
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

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

83 599 NW Sharpe St.

84 City

85 Port St. Lucie

FL

86 Zip Code

34983

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, typed or printed name of registered agent and the principal officer

Signature, typed or printed name of registered agent and the principal officer

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME PARUPIA, ARIF  
STREET ADDRESS 2014 SE ELMHURST RD  
CITY-STATE-ZIP PORT ST LUCIE FL

☐ DELETE

TITLE VSD  
NAME PARUPIA, CYNTHIA  
STREET ADDRESS 2014 SE ELMHURST RD  
CITY-STATE-ZIP PORT ST LUCIE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

Date

Daytime Phone

CR2E034 (12/95)