

**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 # K12050 (6)
1. Corporation Name

FONTANAROSA CONSTRUCTION CO., INC.



Principal Place of Business: **18646 STILL LAKE DR. JUPITER FL 33458-0707**
Mailing Address: **18646 STILL LAKE DR. JUPITER FL 33458-0707**

3. Date Incorporated or Qualified: **01/15/1988** 3a. Date of Last Report: **08/11/1995**
4. FEI Number: **65-0022282** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

**FONTANAROSA, PETER
18646 STILL LAKE DR
JUPITER FL 33458-0707**

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 typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

11 TITLE: **PST**
12 NAME: **FONTANAROSA, PETER**
13 STREET ADDRESS: **18646 STILL LAKE DR**
14 CITY-ST-ZIP: **JUPITER FL**

21 TITLE: **D**
22 NAME: **FONTANAROSA, PETER**
23 STREET ADDRESS: **18646 STILL LAKE DR**
24 CITY-ST-ZIP: **JUPITER FL**

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Peter Fontanarosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER FONTANAROSA 4/19/96

407-744-0896
Date Received

CR2E034 (3/96)