

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12497 (9)

1. Corporation Name

PICCIRILLO, INC.



Principal Place of Business

Mailing Address

1007 GREEN PINE BLVD
STE F3
W PALM BCH FL 33409
US

1007 GREEN PINE BLVD
STE F3
WEST PALM BEACH FL 33409
US

3. Date Incorporated or Qualified

01/20/1988

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0026087

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICCIRILLO, MICHAEL
1007 GREENPINE BLVD.
F-3
WEST PALM BEACH FL 33870

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME PICCIRILLO, MICHAEL
STREET ADDRESS 1007 GREENPINE BLVD. F-3
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ DELETE

1.1 TITLE P.S.
1.2 NAME APRIL PICCIRILLO
1.3 STREET ADDRESS 1007 GREEN PINE BLVD F-3
1.4 CITY-ST-ZIP WPA FL 33409 ☒ Change ☐ Addition

TITLE VPS
NAME PICCIRILLO, APRIL
STREET ADDRESS 1007 GREEN PINE BLVD F-3
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ DELETE

2.1 TITLE V.P.T.
2.2 NAME MICHAEL PICCIRILLO
2.3 STREET ADDRESS 1007 GREEN PINE BLVD F-3
2.4 CITY-ST-ZIP WPA FL 33409 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Michael Piccirillo V.P.T.

6-5-96 561 689 3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)