

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K16732 (5)**

1. Corporation Name

PROCACCI COMMERCIAL REALTY, INC.



Principal Place of Business

Mailing Address

401 W. LINTON BLVD.
DELRAY BEACH FL 33444

401 W. LINTON BLVD.
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified
02/26/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **255 N. W. 12th Avenue**

2a. Mailing Address
26 **255 N. W. 12th Avenue**

4. FEI Number
65-0122542

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **Deerfield Beach, FL 33442**

28 **Deerfield Beach, FL 33442**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24 **33442**

25 **Broward**

29 **33442**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROCACCI, PHILIP J.
401 W. LINTON BLVD
DELRAY BEACH FL 33444**

81 Name **PROCACCI, PHILIP J.**

82 Street Address (P.O. Box Number is Not Acceptable)
255 N. W. 12TH AVENUE

83

84 City **DEERFIELD BEACH**

FL

85 Zip Code **33442**

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

PHILIP J. PROCACCI, PRESIDENT

4/17/96

(NOTE: Registered Agent signature required for corporations.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PST PROCACCI, PHILIP J.**
STREET ADDRESS **401 W. LINTON BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

1 TITLE Change Addition
12 NAME **PROCACCI, PHILIP J.**
13 STREET ADDRESS **255 N. W. 12th Avenue**
14 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 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 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

PHILIP J. PROCACCI

4/17/96 954-725-0034

DATE Daytime Phone #

CR2E034 (12/95)