

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 # **K53866** (5)

1. Corporation Name

FOJODAMAC, INC.



Principal Place of Business

Mailing Address

**1804 S. OCEAN DR.
FT. PIERCE FL 34949**

**1804 S. OCEAN DR.
FT. PIERCE FL 34949**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MASCIOLI, F.A.
1804 S. OCEAN DR.
FT. PIERCE FL 34949**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent Signature and Date must be filed.

4-3-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MAC MASCIOLI, I.A.**
STREET ADDRESS **1804 S. OCEAN DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **VPO** ☐ DELETE
NAME **DANNAHOWER, WILLIAM R.**
STREET ADDRESS **809 S. INDIAN RIVER DR.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **SD** ☐ DELETE
NAME **ALLEN, JOANNE**
STREET ADDRESS **2601 N INDIAN RIVER DR**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **TD** ☐ DELETE
NAME **FOGAL, CHRIS**
STREET ADDRESS **502 N.W. KILPATRICK AVE**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4-3-96 (401) 461 4919

CR2E034 (12/95)