

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 # **K54645**

(2)

1. Corporation Name

BABIONE FUNERAL HOME, INC.

Principal Place of Business

**1100 N. FEDERAL HWY
BOCA RATON FL 33432-9630**

Mailing Address

**1100 N. FEDERAL HWY
BOCA RATON FL 33432-9630**



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCIARRETTA & SCHNER, PA
1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

12/29/1988

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0089534

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

By the registered corporation or its authorized officer, agent, or attorney-in-fact.

NOTE: Registered Agent signature required for this filing.

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

NAME

BABIONE, ROBERT, SR.

STREET ADDRESS

1100 N. FEDERAL HWY

CITY, ST, ZIP

BOCA RATON FL

2. TITLE

PD

☐ DELETE

NAME

BABIONE, HELEN

STREET ADDRESS

1100 N FEDERAL HWY

CITY, ST, ZIP

BOCA RATON FL

3. TITLE

VPT

☐ DELETE

NAME

VECCIA JR., JOE

STREET ADDRESS

1100 N FEDERAL HWY

CITY, ST, ZIP

BOCA RATON FL

4. TITLE

VPS

☐ DELETE

NAME

VECCIA, MARY

STREET ADDRESS

1100 N FEDERAL HWY

CITY, ST, ZIP

BOCA RATON FL

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 supplementary 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:

Mary Veccia
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

407-395-8787
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