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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K60683

(5)

1. Corporation Name
ARMALAVAGE & ASSOICATES, INC.



Principal Place of Business

C/O RICHARD L. ARMALAVAGE
2375 TAMiami TRAIL NORTH SUITE 210
NAPLES FL 33940

Mailing Address

C/O RICHARD L. ARMALAVAGE
2375 TAMiami TRAIL NORTH SUITE 210
NAPLES FL 34103-4439

3. Date Incorporated or Qualified
01/18/1989

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 1845 Trade Center Way
Suite, Apt. #, etc.

2a. Mailing Address

26 1845 Trade Center Way
Suite, Apt. #, etc.

4. FEI Number
65-0092744

Applied For
Not Applicable

22 City & State
23 Naples, FL

27 City & State
28 Naples, FL

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

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

24 Zip Country
34109 USA

29 Zip Country
34109 USA

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

9. Name and Address of Current Registered Agent

ARMALAVAGE, RICHARD L.
2375 TAMiami TRAIL NORTH SUITE 210
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
Armalavage, Richard L.
82 Street Address (P.O. Box Number is Not Acceptable)
1845 Trade Center Way
83
84 City
Naples FL 85 Zip Code
34109

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	ARMALAVAGE, RICHARD L.	2375 TAMiami TRAIL NORTH	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSD	ARMALAVAGE, RICHARD L.	1845 TRADE CENTER WAY	NAPLES, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 person or persons 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

941-514-4646

Daytime Phone #

CR2E034 (9/96)