

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

3-26-96 B-2720-C

DOCUMENT # **K64563** (5)

1. Corporation Name

STUDIO DI MANLIO ROCCHETTI, INC.



Principal Place of Business

Mailing Address

% JOHN A. GENTRY III
707 N FLAGLER DR
W PALM BEACH FL 33401

% JOHN A. GENTRY III
707 N FLAGLER DR
W PALM BEACH FL 33401

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/06/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0118065

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

GENTRY, JOHN A. III
707 N FLAGLER DR
W PALM BEACH FL 33401

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 date if available

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
DPS ROCCHETTI, MANLIO 19800 SANDPNT BAY DR 103 TEQUESTA FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP
DPS ROCCHETTI, MANLIO 19800 US HIGHWAY 1 BLDG 1 #103 TEQUESTA FL 33469

2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.4 TITLE NAME STREET ADDRESS CITY-STATE-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: DPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

407-7446805

CR2E034 (12/95)