

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

DOCUMENT # K72628 (6)

1. Corporation Name

COMMERCIAL REMODELING OF FLORIDA, INC.



Principal Place of Business

Mailing Address

15814 BRENDA ST  
~~13427 STARFISH DRIVE~~  
HUDSON FL 34667  
US

P O BOX 6066  
HUDSON FL 34674-6066  
US

3. Date Incorporated or Qualified  
03/14/1989

3a. Date of Last Report  
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 15814 Brenda St  
Suite, Apt. #, etc.

26 P.O. Box 6066  
Suite, Apt. #, etc.

4. FEI Number

59-2837904

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

22 City & State

23 Hudson FL

24 34667

25 US

27 City & State

28 Hudson FL

29 34674

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASCA, MICHAEL A.  
15814 BRENDA ST  
HUDSON FL 34667

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

*Michael A. Nasca*

Michael A. Nasca President

4/21/96

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 PVT  
NAME NASCA, MICHAEL A.  
STREET ADDRESS 3419 WILTSHIRE DR.  
CITY-ST-ZIP HOLIDAY FL ☒ DELETE

TITLE S  
NAME NASCA, MICHAEL A.  
STREET ADDRESS 3419 WILTSHIRE DR.  
CITY-ST-ZIP HOLIDAY FL ☐ DELETE

TITLE VICE PRESIDENT  
NAME Michael V. NASCA  
STREET ADDRESS 3419 WILTSHIRE DR.  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, SECRETARY & TREASURER ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 15814 Brenda St.  
1.4 CITY-ST-ZIP Hudson FL 34667

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 15814 Brenda St  
2.4 CITY-ST-ZIP Hudson FL 34667

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
3.2 NAME MICHAEL V. NASCA  
3.3 STREET ADDRESS 3419 WILTSHIRE DR  
3.4 CITY-ST-ZIP HOLIDAY FL 34691

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 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:

*Michael A. Nasca*

Michael A. Nasca President

4/21/96

913 848-4362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)