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 # L29545 (5)

1. Corporation Name
MELCHIORI & RICEPUTO, INC.

Principal Place of Business
% FREDERICK S. RICEPUTO
7500 NEMEC DRIVE. N.
LAKE CLARKE SHORES FL 33406

Mailing Address
% FREDERICK S. RICEPUTO
7500 NEMEC DRIVE. N.
LAKE CLARKE SHORES FL 33406

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 02/21/1995
4. FEI Number: 65-0161928 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 5900 Our Robbies Rd
Suite, Apt. #, etc.
22
City & State
23 Jupiter, FL
Zip
24 33458
County
25 Palm Bch.

2a. Mailing Address
26 5900 Our Robbies Rd
Suite, Apt. #, etc.
27
City & State
28 Jupiter, FL
Zip
29 33458
Country
30 Palm Bch

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

9. Name and Address of Current Registered Agent
RICEPUTO, FREDERICK S.
7500 NEMEC DRIVE, N.
LAKE CLARKE SHORES FL 33406

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable) 5900 Our Robbies Road
83
84 City Jupiter FL 85 Zip Code 33458

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] Pres. 1/17/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	RICEPUTO, FREDERICK S.	
STREET ADDRESS	7500 NEMEC DR. N.	
CITY-ST-ZIP	LAKE CLARKE SHRS FL	
TITLE	PD	☐ DELETE
NAME	MELCHIORI, JOSEPH E., JR	
STREET ADDRESS	3348 C ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5900 Our Robbies Rd	
1.4 CITY-ST-ZIP	Jupiter, FL 33458	
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 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: [signature] 2/20/96 407-745-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)