

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

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary, Florida
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

DOCUMENT # **L45748** (5)

95 MAY -1 AM 12:15

BUSINESS PROGRAMS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

Mailstop Address

FRANK CICCARELLI
3001 TAMiami TRAIL N #200-101
NAPLES FL 33940

FRANK CICCARELLI
3001 TAMiami TRAIL N. #101
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1990	3a. Date of Last Report 03/21/1994
4. FEI Number 65-0185859	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. The Corporation has liability for intangible tax under S. 199.012, Florida Statutes ☐ Yes ☒ No	

2. Mailing Address of Corporation 21	2a. Mailing Address 26
22. State of Incorporation 22	27. State of Mailing Address 27
23. City and State 23	28. City and State 28
24. ZIP Code 24	25. ZIP Code 25
29. City and State 29	30. City and State 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CICCARELLI, FRANK
7929 VIA VECCHIA
NAPLES FL 33963

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607 and 608 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) in the State of Florida. Such change was authorized by the corporation's board of directors, if duly accepted the appointment is registered agent. I am authorized to execute this statement and to file it with the Florida Statutes.

Signature

Signature of Registered Agent

Signature of New Registered Agent

12. CURRENT AND NEW AGENTS	13. ADDITIONAL CHANGES TO NEW AGENT
1. Name CICCARELLI, FRANK 2. Address 3001 TAMiami TRAIL N #200-101 3. City NAPLES FL 4. State FL 5. ZIP Code 33940	1. Name 2. Address 3. City 4. State 5. ZIP Code
6. Name 7. Address 8. City 9. State 10. ZIP Code	11. Name 12. Address 13. City 14. State 15. ZIP Code
16. Name 17. Address 18. City 19. State 20. ZIP Code	21. Name 22. Address 23. City 24. State 25. ZIP Code
26. Name 27. Address 28. City 29. State 30. ZIP Code	31. Name 32. Address 33. City 34. State 35. ZIP Code
36. Name 37. Address 38. City 39. State 40. ZIP Code	41. Name 42. Address 43. City 44. State 45. ZIP Code
46. Name 47. Address 48. City 49. State 50. ZIP Code	51. Name 52. Address 53. City 54. State 55. ZIP Code
56. Name 57. Address 58. City 59. State 60. ZIP Code	61. Name 62. Address 63. City 64. State 65. ZIP Code
66. Name 67. Address 68. City 69. State 70. ZIP Code	71. Name 72. Address 73. City 74. State 75. ZIP Code
76. Name 77. Address 78. City 79. State 80. ZIP Code	81. Name 82. Address 83. City 84. State 85. ZIP Code
86. Name 87. Address 88. City 89. State 90. ZIP Code	91. Name 92. Address 93. City 94. State 95. ZIP Code

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.012(4), Florida Statutes. I further certify that the information is complete and correct as of the date of filing 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 its registered agent or authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing as an attachment with an address.

SIGNATURE: *Frank Ciccarelli*
FRANK CICCARELLI

4/26/95