**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **L45748** **(5)**

1. Corporation Name
**BUSINESS PROGRAMS INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 22<br>3001 TAMIAMI TRAIL N #101<br>NAPLES FL 33940<br>US | %FRANK CICCARELLI<br>3001 TAMIAMI TRAIL N., #101<br>NAPLES FL 33940<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 SAME | 26 % Deborah Clementi |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 3001 Tamiami Trail N. #101 |
| City & State 23 | City & State 28 Naples, Florida [redacted] |
| Zip 24 / Country 25 | Zip 29 33940 / Country 30 U.S.A. |

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 05/01/1995
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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

CICCARELLI, FRANK
7929 VIA VECCHIA
NAPLES FL 33963

**10. Name and Address of New Registered Agent**

81 Name: Deborah Clementi
82 Street Address (P.O. Box Number is Not Acceptable): St Lucia - Apt 101
83 6361 Pelican Bay Blvd
84 City: Naples FL 85 Zip Code: 33963

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: Deborah Clementi P.D. Deborah Clementi 6/6/96
Signature, Specific or printed name of registered agent, and Title, if applicable (NOTE: Registered Agent signature required when changed) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CICCARELLI, FRANK<br>3001 TAMIAMI TRL N #101<br>NAPLES FL | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President/Director<br>Clementi, Deborah<br>6361 Pelican Bay Blvd. Apt 101<br>Naples, Florida 33963 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

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)(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Deborah Clementi, P.D. Deborah Clementi 6/6/96 –
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #