

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 # **L52059** (7)

1. Corporation Name  
**BUSGHETTI, INC.**



Principal Place of Business

**155 FIRST AVE  
MARCO ISLAND FL 33937**

Mailing Address

**567 ELKCAM CIRCLE  
MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified  
**02/19/1990**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

2a. Mailing Address

**950 N. COLLIER BLVD**

4. FEI Number  
**65-0171383**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE #301**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

**MARCO ISLAND, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**33937**

**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAMER, WILLIAM D.  
567ELKCAM CIRCLE  
MARCO ISLAND FL 33937-0301**

81 Name **NO CHANGE**

82 Street Address (P.O. Box Number is Not Acceptable)

**SUITE #301**

83 **950 N. COLLIER BLVD**

84 City **MARCO ISLAND**

**FL**

85 Zip Code **33937**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **TRAVAGLIO, RAY**  
STREET ADDRESS **155 FIRST AVE.**  
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 941-394-1415

**800001795968  
-04/26/96--01038--004  
\*\*\*208.75**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)