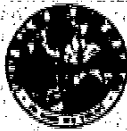


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L57888

(4)

1. Corporation Name

C & J D'AGATA, INC.

Principal Place of Business

**1824 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957**

Mailing Address

**1824 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

05/19/1994

2. Principal Place of Business

21 1824 N.E. JENSEN BEACH BLVD

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

City & State

Zip

34957

Country

MARTIN

Zip

34957

Country

MARTIN

4. FEI Number

65-0183285

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

**D'AGATA, C R
2665 S.E. SOLANA LANE
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **D'AGATA, CHARLES R**
STREET ADDRESS **2665 S.E. SOLANA LANE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VST**
NAME **D'AGATA, JOYCE**
STREET ADDRESS **1824 N.E. JENSEN BEACH BLVD.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

1.4 CITY-ST-ZIP

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:

Charles R. D'Agata
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/19/95 407-334-3686
DATE