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 # **L57888** **(4)**

1. Corporation Name

C & J D'AGATA, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

County
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

County
30

3. Date Incorporated or Qualified: **03/12/1990**

3a. Date of Last Report: **04/25/1995**

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. Does corporation have liability for unpaid sales tax under s. 199.052, 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 Section 607.0502 and 607.1502, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	D'AGATA, CHARLES R	
STREET ADDRESS	2665 S.E. SOLANA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VST	☐ DELETE
NAME	D'AGATA, JOYCE	
STREET ADDRESS	1824 N.E. JENSEN BEACH BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report with my address.

SIGNATURE: Charles R. D'Agata PRES 4/24/96 334-36-86

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone