FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L69436

1. Corporation Name
DeTommaso OF FLORIDA, INC.

Principal Place of Business
1690 S. FEDERAL HIGHWAY
8751 WEST BROWARD BLVD.
DELRAY BEACH, FL 33483

Mailing Address
1431 COWPATH ROAD
HATFIELD, PA 19440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1431 COWPATH ROAD
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 HATFIELD, PA
Zip 24 / Country 25	Zip 29 19440 / Country 30 USA

3. Date Incorporated or Qualified: 5/1/90
3a. Date of Last Report: 4-15-94
4. FEI Number: 58-1892476 ☐ 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
DeTommaso, PASQUALE
1690 S FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

10. Name and Address of New Registered Agent
81 Name: De Tommaso, RUDY
82 Street Address (P.O. Box Number is Not Acceptable): 1690 S. FEDERAL HIGHWAY
83
84 City: DELRAY BEACH FL 85 Zip Code 33483

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 Rudy DeTommaso 4/15/95
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	D
NAME	DeTommaso, PASQUALE
STREET ADDRESS	1431 COWPATH ROAD
CITY-ST-ZIP	HATFIELD, PA 19440
TITLE	D
NAME	DeTommaso, RUDY
STREET ADDRESS	2740 N. CLEARBROOK CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
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	900001474619 Addition
2 2 NAME	-05/04/95--01002--004
2 3 STREET ADDRESS	****200.00 ****200.00
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	5/2

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: Rudy DeTommaso 4/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #