

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L95031** (5)

1. Corporation Name

**A. V. PROPERTIES, INC.**



Principal Place of Business

**4280 N OCEAN DR #8P  
FT. LAUDERDALE FL 33308-5425**

Mailing Address

**4280 N OCEAN DR #8P  
FT. LAUDERDALE FL 33308-5425**

3. Date Incorporated or Qualified

**08/20/1990**

3a. Date of Last Report

**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARDNER, R.M.  
500 E BROWARD BLVD  
SUITE 1800  
FT. LAUDERDALE FL 33394**

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 title (typed name)

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

**FALSO, VINCENZA**

STREET ADDRESS

**4280 GALT OCEAN DRIVE, APT 8P**

CITY- ST- ZIP

**FT LAUDERDALE FL**

TITLE

DV

☐ DELETE

NAME

**FALSO, ADOLPH V.**

STREET ADDRESS

**5100 DUGUID RD**

CITY- ST- ZIP

**MANLIUS NY**

TITLE

DST

☐ DELETE

NAME

**ORLANDO, FELIPPA F**

STREET ADDRESS

**408 KIMRY MOOR**

CITY- ST- ZIP

**FAYETTEVILLE NY**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

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CITY- ST- ZIP

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/96* *315-488-1160 x.3100*  
DATE DAYTIME PHONE #

CR2E034 (12/95)