

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 # **M14161** (7)

1. Corporation Name

**G. JERRY CHIOCCA, CPA, P.A.**



Principal Place of Business

Mailing Address

C/O G. JERRY CHIOCCA  
1320 S. DIXIE HWY.  
CORAL GABLES FL 33146

C/O G. JERRY CHIOCCA  
1320 S. DIXIE HWY.  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified  
**05/01/1985**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1 SE THIRD AVE.**

26 **1 SE THIRD AVE.**

4. FEI Number

**59-2500810**

Applied For

Not Applicable

22 **TENTH FL.**

27 **TENTH FLOOR**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 **MIAMI, FL.**

28 **MIAMI, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 **33131** **DADE**

29 **33131** **DADE**

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

**CHIOCCA, G. JERRY**  
**1320 S. DIXIE HWY.**  
**CORAL GABLES FL 33146**

81 Name

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

**1 SE THIRD AVE.**

83 **TENTH FL.**

84 City **MIAMI**

**FL**

85 Zip Code **33131**

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

*G. Jerry Chiocca*

(NOTE: Registered Agent signature required when reappointing)

**2/23/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **CHIOCCA, G. JERRY**  
STREET ADDRESS **1320 S. DIXIE HWY.**  
CITY-ST-ZIP **CORAL GABLES 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1 SE THIRD AVE. 10 FL.**  
**MIAMI, FL. 33131**

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:

*G. Jerry Chiocca*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**6. JERRY CHIOCCA** **2/23/96**

Date

Daytime Phone #

**305-**  
**377-4228**

CR2E034 (12/95)