

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 MAR -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09921 (8)

1. Corporation Name

TORINI ESTABLISHMENT CORP.

Principal Place of Business

C/O JOHN CRESCI
165 EL CAPITAN DRIVE
ISLAMORADA FL 33036

Mailing Address

C/O JOHN CRESCI
165 EL CAPITAN DRIVE
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1986

3a. Date of Last Report

05/17/1994

4. FEI Number

59-2611758

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CRESCI, JOHN
165 EL CAPITAN DRIVE
ISLAMORADA FL 33003

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 of Registered Agent (if registered agent and the corporation)

NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CRESCI, JOHN

STREET ADDRESS

165 EL CAPITAN DRIVE

CITY - ST - ZIP

ISLAMORADA FL

TITLE

PD

NAME

CRESCI, JANE

STREET ADDRESS

165 EL CAPITAN DRIVE

CITY - ST - ZIP

ISLAMORADA FL

TITLE

SD

NAME

VOLLMER, KAREN CRESCI

STREET ADDRESS

7 SOUTH COLLIDGE AVENUE

CITY - ST - ZIP

AMITY HARBOR NY

TITLE

D

NAME

BEEN, CLAYTON E.

STREET ADDRESS

P. O. BOX 171

CITY - ST - ZIP

PROVIDENCIALES TU

(NA) *dc*

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, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report by true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 of this form, and, in any event, my signature to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, and, in any event, my signature to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE:

Jane Cresci
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Jane Cresci

2/15/95

305-664-8048