SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000010409 (0)

1. Corporation Name

ANTHONY J. CHIOCCA BUILDER & DESIGNER, INC.

FILED
95 JUL 28 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 331139, N/A MIAMI FL 33233 US	P.O. BOX 331139, N/A MIAMI FL 33233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21: P.O. Box 290851
22 Suite, Apt. #, etc:
23 City & State: DAVIE, FLA
24 Zip: 33329
25 Country: BROWARD

2a. Mailing Address
26: P.O Box 290851
27 Suite, Apt. #, etc:
28 City & State: DAVIE, FLA
29 Zip: 33329
30 Country: BROWARD

4 FEI Number: 59-3178124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

CHICOCCA, ANTHONY J
3400 PAN AMERICAN DR.
APT. 528
MIAMI FL 33133

SAME! JUST ADDRESS CHANGE SEE 10

10. Name and Address of New Registered Agent

81 Name: CHIOCCA, ANTHONY J
82 Street Address (P.O. Box Number is Not Acceptable): 8470 ST Rd 84
83
84 City: DAVIE FL 85 Zip Code: 33324

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: Anthony J Chiocca PRES. ANTHONY J CHIOCCA 7/25/95
(Signature of new registered agent, if changed) (Name of Registered Agent, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13.		
TITLE	PST	11 TITLE	P.S.T	☒ Change ☐ Addition
NAME	CHIOCCA, ANTHONY J	12 NAME	CHIOCCA, ANTHONY J	
STREET ADDRESS	3400 PAN AMERICAN DR.	13 STREET ADDRESS	8470 ST Rd 84	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	DAVIE, FLA 33324	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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: [signature] 7/25/95 305-370-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
B- 305- 631-5355

0145717 FP