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 # P92000010409 (0)

1. Corporation Name

ANTHONY J. CHIOCCA BUILDER & DESIGNER, INC.

Principal Place of Business	Mailing Address
P O BOX 290851	P O BOX 290851
DAVIE FL 33329	DAVIE FL 33329
US	US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1992	07/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
[21] 2303 SE 14 ST	[26] P.o Box 1452	59-3178124	Applied For / Not Applicable
Suite, Apt. #, etc. [22] POMPANO BEACH	Suite, Apt. #, etc. [27] POMPANO BEACH	5. Certificate of Status Desired	$8.75 Additional Fee Required
City & State [23] FLA.	City & State [28] FLA.	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
Zip [24] 33062	Country [25] U.S.	Zip [29] 33061	Country [30] U.S.

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
CHICOCA, ANTHONY J 8470 SR 84 DAVIE FL 33324	[81] Name 2303 S.E. 14 ST [82] Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH [83] FLA, 33062 [84] City POMPANO BEACH FL [85] Zip Code 33062

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PST** NAME **CHIOCCA, ANTHONY J** STREET ADDRESS **8470 SR 84** CITY-ST-ZIP **DAVIE FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP (ADDRESS CHANGE) 2303 S.E. 14 ST POMPANO, BEACH, FLA 33062	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: ANTHONY J CHIOCCA _____ 8/6/96 954-782-0661 954-631-5355 BK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)