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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -8 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P92000010409 (0)

1. Corporation Name

ANTHONY J. CHIOCCA BUILDER & DESIGNER, INC.

Principal Place of Business

2303 S.E. 14 ST.
POMPANO BEACH FL 33062
US

Mailing Address

P.O. BOX 1452
POMPANO BEACH FL 33061-1452
US

2. Principal Place of Business

21 40309 FISHER ISLAND DR

Suite, Apt. #, etc.

22 City & State
FISHER ISLAND FLA

23 Zip Country
33109 US

2a. Mailing Address

26 40309 FISHER ISLAND DR

Suite, Apt. #, etc.

27 City & State
FISHER ISLAND FLA

28 Zip Country
33109 US

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

08/14/1996

4. FEI Number

59-3178124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

CHIOCCA, ANTHONY J
2303 S.E. 14ST
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

1. Name

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

3. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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, if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME CHIOCCA, ANTHONY J
STREET ADDRESS 2303 S.E. 14 ST.
CITY-ST-ZIP POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PST
1.2 NAME CHIOCCA, ANTHONY J
1.3 STREET ADDRESS 40309 FISHER ISLAND FLA
1.4 CITY-ST-ZIP 33109

300002236453-1
-07/11/97--01115--005
****173.75 ****173.75

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CP2E034 (9/96)

454-631-5355 BR.
3-5-5356191

2012

Please Note Change of Address

We did not receive the Annual Report
TO LATE. I called in and clerk said to
mail in current Report and 165 filing
fee

Thank you
Dorothy J. Smith
PMS