

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 # P92000014768 (5)

1. Corporation Name

CRISCIONE REALTY OF FLORIDA, INC.



Principal Place of Business

11 TRINITY RD
WINCHESTER MA 01890

Mailing Address

11 TRINITY RD
WINCHESTER MA 01890

2. Principal Place of Business

21 18 Middlebury Lane

Suite, Apt. #, etc.

22

City & State

23 Beverly, MA

Zip

24 01915

Country

2a. Mailing Address

26 18 Middlebury Lane

Suite, Apt. #, etc.

27

City & State

28 Beverly, MA

Zip

29 01915

Country

30

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

03/20/1995

4. FEI Number

04-3175815

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CRISCIONE, PAUL
STREET ADDRESS 18 MIDDLEBURY LANE
CITY-ST-ZIP BEVERLY MA 01915

TITLE TD ☐ DELETE

NAME CRISCIONE, DAVID
STREET ADDRESS 1 BOXWOOD DR
CITY-ST-ZIP YARMOUTH ME 04096

TITLE D ☐ DELETE

NAME CRISCIONE, STEVEN
STREET ADDRESS 3210 STREAM SIDE RD
CITY-ST-ZIP RALEIGH NC 27613

TITLE D ☐ DELETE

NAME VIERAITIS, DONNA
STREET ADDRESS 286 ARROZ PLACE
CITY-ST-ZIP FREEMONT CA 94536

TITLE D ☐ DELETE

NAME CRISCIONE, CARA
STREET ADDRESS 534 SALEM ST
CITY-ST-ZIP WAKEFIELD MA 01880

TITLE ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7505 Cravat Court
Columbia, MD 21046

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

531 Hawthorne Court
Los Altos, CA 94024

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Paul Criscione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 13 96

Date

Daytime Phone #

CR2E034 (12/95)