

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002230 (9)

1. Corporation Name

PROFESSIONAL TRIM, INC.

Principal Place of Business

P.O. BOX 8032  
CORAL SPRINGS FL 33075

Mailing Address

P.O. BOX 8032  
CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0383443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ZICCARDI, DOMINIC  
2686 NW 95 TERRACE  
CORAL SPRINGS FL 33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP        |
|-------|-------------------|---------------------|------------------------|
| P     | ZICCARDI, DOMINIC | 2686 NW 95 TERRACE  | CORAL SPRINGS FL       |
| SD    | PCOLAR, DAN       | 4830 N.W. 92ND TERR | CORAL SPRINGS FL 33067 |
|       |                   |                     |                        |
|       |                   |                     |                        |
|       |                   |                     |                        |
|       |                   |                     |                        |
|       |                   |                     |                        |
|       |                   |                     |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

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 110.07(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 no address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINIC ZICCARDI, PRESIDENT

X

4-21-95

Date

305-

340-0398

Chapter 110.07