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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Part Place of Place Plac	1. Corporation	MENT # P930 K & PAUL LIGGIERI, INC.	00015770) (9)		1 PROVIDEN ING NUMBER SHINI DAN	ı 86 187 88 211 8818 1 1 482 1 8 418	1 63 11 16311 264 1461
2218 SE ABOORE RO	Principal Blogg of Business Mailing Address							
PORT ST. LUCIE FL 39482 PORT ST. LUCIE FL 39482 S. Collab (recopcorded of ClaidSect) S.			-			,		
2.								
2. Mailing Audress 2. Mail							ied 3a. Date of Las	st Report
27	A Dringing Di	one of Business	To- Material			02/22/1993	07/13/	
27	· ·	¬, '		alling Address		APPLIED FOR	5-0407051 -	
27					1	SR		
25	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired	' LJ F6	ee Required	
20	· · · · · ·			├ ─ '		' *	, U A6	
24				Count	Added to Fees			
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84	24	1==1	29		,			18 188.002,
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 82 Street Address (P.O. Biox Number is Not Acceptable) 83 Value V		9. Name and Address of Cui	rrent Registered Agent		2T	10. Name and Address of No	w Registered Agent	
1201 HAYS ST. TALLAHASSEE FL 32301 8	CODBO	DATION OFFICE COMPANY		6	Name			
TALLAHASSEE FL 32301 83				B:	2 Street Addr	ess (P.O. Box Number is Not Acce	ptable)	
BB Zip Code				8	3			
II. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation authritis this statement for the purpose of changing its registered of circles such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent. I am reg	771E1541	10022) 2 0200)		_	4 02			
Circumstand				1				•
NOTE Repartment Agent to greater and refer Implication Note Repartment Agent to greater for remembers) NOTE	or register familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Florid Ilorida. Such change was Section 607.0505, Florida	a Statutes, the above authorized by the cor Statutes.	-named corpor poration's boar	ation submits this statement for the rd of directors. I hereby accept the	purpose of changing i appointment as registe	ts registered office red agent. I am
Title		Signature, typed or printed name of registered a	igen; and title I applicable	(NOTE: Registered Ag	ent signature require	d which reinstating)	DATE	
MAME LIGGIERI, FRANK 12 NAME 13 STREET ADDRESS 2218 SE ABCORE RD 13 STREET ADDRESS 14 CITY-ST-ZIP	12.	OFFICERS		TORS 13.		ADDITIONS/CHANGES TO	OFFICERS AND DIREC	TORS IN 12
STREET ADDRESS 2218 SE ABCORE RD			☐ DEL	ETE 1. 1 TITLE	E		☐ Chang	ge 🔲 Addition
THE DELETE 2 1 TITLE Change Addition								
DELETE			2					
NAME		FUNI ST. LUCKE FL 3343					[] Chan	ne 🗆 Addition
23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP		_ seed					ge Aboliton	
CITY-ST-7IP	STREET ADDRESS							
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NAME		F) priete						. 5 "3 145"
STREET ADDRESS			LJ DEL				[] Unang	je 🔲 Addition
A CITY - ST - ZIP								•
TILE								
STREET ADDRESS			☐ DEL				Chang	ge Addition
STREET ADDRESS S4 CITY - S1 - ZIP S4 CITY - S1 - ZIP S1 TITLE S1	NAME			5.2 NAME	:		_	_
TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			5.3 STREE	FT ADDRESS			
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY-S1-ZIP					ST-ZIP			
STREET ADDRESS CITY-S1-2IP 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP			☐ DEL				☐ Chanç	ge 🔲 Addition
CHY-S1-ZIP 64 CHY-S1-ZIP				1				
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	14. I do hereb	L y certify that the information supplie	ed with this filma is valunt	arily furnished and do	es not qualify for	or the exemption stated in Section	119 07(3)/k) Florida Str	atutos I further

oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is chapter 607 on an attachment with an address.

SIGNATURE: 🗸

CR2E034 (12/95)