

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000026800 (1)

1. Corporation Name

BISECCO & SONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:28

Principal Place of Business

**5131 NW 31 ST
MARGATE FL 33063**

Mailing Address

**5131 NW 31 ST
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/09/1993

3a. Date of Last Report
03/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
65-0410657

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

**BISECCO, PASQUALE
5131 NW 31 ST
MARGATE FL 33063**

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 reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
BISECCO, PASQUALE
5131 NW 31 ST
MARGATE FL 33063**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BISECCO, SALVATORE
6816 NW 49 ST
CORAL SPRINGS FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BISECCO, FRANK
6832 NW 42 AVE
COCONUT CREEK FL 33073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BISECCO, ADLOFO
4345 CORAL SPRINGS DR
CORAL SPRINGS FL**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 110.07(3)(b), 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 any statement with an address.

SIGNATURE:

Pasquale Bisecco

PASQUALE BISECCO

1-30-95 (305) 970-0244

SIGNATURE AND TITLE FOR EACH OF SIGNING OFFICERS OR DIRECTORS

(Date) (Signature)