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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030632 (2)

1. Corporation Name

FLORIDA GROUP FOUR, INC.

Principal Place of Business

801 S FEDERAL HWY
#1017
POMPANO BCH. FL 33062

Mailing Address

801 S FEDERAL HWY
#1017
POMPANO BCH. FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1993

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0400227

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MANFREDONIA, SALVATORE J
801 S FEDERAL HWY
#1017
POMPANO BCH. FL 33062

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 607.0502, Florida Statutes.

SIGNATURE

Salvatore J. Manfredonia

4-21-95

(Type name, type or printed name of registered agent or officer if applicable.)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MANFREDONIA, SALVATORE J
STREET ADDRESS 801 S FEDERAL HWY, #1017
CITY - ST - ZIP POMPANO BCH. FL 33062

TITLE VD
NAME SCARDINA, PAUL
STREET ADDRESS 801 S FEDERAL HWY, #1017
CITY - ST - ZIP POMPANO BCH. FL 33062

TITLE SD
NAME GERARDI, VINCENT JR
STREET ADDRESS 801 S FEDERAL HWY, #1017
CITY - ST - ZIP POMPANO BCH. FL 33062

TITLE TD
NAME GERARDI, VINCENT
STREET ADDRESS 801 S FEDERAL HWY, #1017
CITY - ST - ZIP POMPANO BCH. FL 33062

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 ☐ 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

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

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 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 an address.

SIGNATURE:

(Type name, type or printed name of signing officer or director)

4-21-95

Date

305
786-0200

Telephone (Area #)