

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 # P93000034683 (1)

1. Corporation Name

DISALVO AND SONS III, INC.



Principal Place of Business

**5000 S.W. 52ND ST.
SUITE 514
DAVIE FL 33314**

Mailing Address

**5000 S.W. 52ND ST.
SUITE 514
DAVIE FL 33314**

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

21 5645 S. UNIVERSITY DR

2a. Mailing Address

26 5645 S. UNIVERSITY DR

4. FEI Number

65-0414154

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

City & State

23 DAVIE, FL

City & State

28 DAVIE FL

Zip Country
24 33328 25 Broward

Zip Country
29 33328 30 Broward

9. Name and Address of Current Registered Agent

**PLEETER, LOUIS J
2255 GLADES ROAD, #236-W
BOCA RATON FL 33431**

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 ☐ DELETE
NAME **D DISALVO, RALPH**
STREET ADDRESS **5000 S.W. 52 ST., STE. 514**
CITY - ST - ZIP **DAVIE FL 33314**

TITLE ☐ DELETE
NAME **D DISALVO, STEVE**
STREET ADDRESS **5000 S.W. 52 ST., STE. 514**
CITY - ST - ZIP **DAVIE FL 33314**

TITLE ☐ DELETE
NAME **D DISALVO, ANTOINETTA**
STREET ADDRESS **1561 SW 119 TERRACE**
CITY - ST - ZIP **DAVIE, FL 33325**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **5510 SW 178 AVE.**
1.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33331**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3721 COLUMBUS WAY**
2.4 CITY - ST - ZIP **COOPER CITY, FL 33026**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
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)(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/96 875-2224

CR2E034 (12/95)