

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 20 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044226 (7)

1. Corporation Name

BORGIA CONSULTING AND MANAGEMENT CORP.

Principal Place of Business

Mailing Address

**354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301
US**

**354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

40-2004478 65-0568814

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**XL CORPORATE SERVICES, INC.
354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301**

81 Name

PHILIP CARDACI

82 Street Address (P.O. Box Number is Not Acceptable)

81 VIA VERONA

83

4025 OLD WINDY ROAD

84 City

ORLANDO PALM BEACH GARDEN FL

85 Zip Code

32911 33418

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

Philip Cardaci

PRES.

4/24/95

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CARDACI, PHILIP
40 HARRISON STREET, APT 20G
NEW YORK NY**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**81 VIA VERONA
PAG, 7R 33418**

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

☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

\$ Deposited by Bank

4/21/95

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 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:

Philip Cardaci (PHILIP CARDACI)

4/24/95

(Signature and typed or printed name of signing officer or director)

Signature 11/20/95