FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-9-96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

B-3249-C

DOCUMENT # P93000064733 (7)

1. Corporation Name

DAVID RAVASCHIERI, INC.

Principal Place of Business	Mailing Address
235 NOTTINGHAM BLV. W PALM BEACH FL 33405	235 NOTTINGHAM BLV. W PALM BEACH FL 33405

3. Date Incorporated or Qualified: 09/03/1993

3a. Date of Last Report: 04/28/1995

4. FEI Number: 65-0440270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Educational Computer Database 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

RAVASCHIERI, DAVID
235 NOTTINGHAM BLV.
W PALM BEACH FL 33405

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 Section 607.0502, Florida Statutes, the profit corporation named above submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the new registered office and the name and address of the new registered agent are set forth above. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	RAVASCHIERI, DAVID	
STREET ADDRESS	235 NOTINGHAM BLVD.	
CITY-ST-ZIP	W. PALM BCH. FL 33405	
TITLE	VS	☐ DELETE
NAME	RAVASCHIERI, JOAN E	
STREET ADDRESS	235 NOTTINGHAM BLVD.	
CITY-ST-ZIP	W. PALM BCH. FL 33405	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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. TITLE		☐ Change ☐ Addition
1a. NAME		
1b. STREET ADDRESS		
1c. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2a. NAME		
2b. STREET ADDRESS		
2c. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3a. NAME		
3b. STREET ADDRESS		
3c. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4a. NAME		
4b. STREET ADDRESS		
4c. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5a. NAME		
5b. STREET ADDRESS		
5c. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6a. NAME		
6b. STREET ADDRESS		
6c. CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with Florida's filing requirements for the corporation stated above. Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 13 with an address, with the exception of the resignation of officer or director.

SIGNATURE: David Ravaschieri, Pres. 4/4/96 407-655-4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR