

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90100 032 ***150.00

DOCUMENT # P93000065096

1. Corporation Name

DIROCCO DEVELOPMENT CORPORATION

Principal Place of Business

2254 QUEENS WAY
NAPLES FL 34112

Mailing Address

2254 QUEENS WAY
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1993

4. FEI Number

65-0437578

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 160 CAPE PT CIRCLE

26 160 CAPE PT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JUPITER FL

28 JUPITER FL

Zip

Country

Zip

Country

24 33477

25

29 33477

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIROCCO, THOMAS
2254 QUEENS WAY
NAPLES FL 34112

81 Name

DIROCCO THOMAS

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

160 CAPE PT CIRCLE

83

84 City

JUPITER

FL

85 Zip Code

33477

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME DIROCCO, THOMAS
STREET ADDRESS 2254 QUEENS WAY
CITY-ST-ZIP NAPLES FL 34112

☐ DELETE

1.1 TITLE PVST
1.2 NAME DIROCCO, THOMAS
1.3 STREET ADDRESS 160 CAPE PT CIRCLE
1.4 CITY-ST-ZIP JUPITER, FL 33477

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99

Date

561-783-8920

Daytime Phone #

CR2E034 (11/98)