

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P 94000035484
1. Corporation Name

CENTRAL BROWARD SERVICE CENTER, INC.

Principal Place of Business

Mailing Address

C/O PROCACCI FINANCIAL GROUP PROCACCI FINANCIAL GROUP
~~401 WEST LINTON BLVD.~~ ~~401 WEST LINTON BLVD.~~
~~DELRAY BEACH, FL 33444~~ ~~DELRAY BEACH, FL 33444~~
~~USA~~ ~~USA~~

2. Principal Place of Business

21 255 N.W. 12TH AVENUE

Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH, FL

24 33442

25 USA

2a. Mailing Address

26 255 N.W. 12TH AVENUE

Suite, Apt. #, etc.

27 City & State

28 DEERFIELD BEACH, FL

29 33442

30 USA

9. Name and Address of Current Registered Agent

PROCACCI, PHILIP J.
401 WEST LINTON BLVD.
SUITE 201
DELRAY BEACH, FL 33444

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0703712

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

10. Name and Address of New Registered Agent

81 Name

PHILIP J. PROCACCI

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

255 N.W. 12TH AVENUE

83

84 City

DEERFIELD BEACH

FL

85 Zip Code
33442

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 J. PROCACCI, DIRECTOR

11/12/96

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 DIRECTOR ☐ DELETE

NAME PROCACCI, PHILIP J.
STREET ADDRESS 401 WEST LINTON BLVD.
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE DIRECTOR ☒ DELETE

NAME PROCACCI, PHILIP L.
STREET ADDRESS 401 WEST LINTON BLVD.
CITY-ST-ZIP DELRAY BEACH, FL 33444

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

255 N.W. 12TH AVENUE
DEERFIELD BEACH, FL 33442

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

700002017767--4
-12/03/96--01071--012
*****8.75 *****8.75

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 617, 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

PHILIP J. PROCACCI 11/12/96 954-725-40034

Date

Daytime Phone #

CR2E034 (3/96)

2



November 7, 1996

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Central Broward Service Center, Inc.
Document # P94000035484

Dear Ms. Sellers,

Enclosed please find the 1996 Annual Report for the above referenced entity. This corporation was inadvertently dissolved because of a failure to file timely. Upon further investigation it was learned that the failure was caused by a postal error. At that time it was deemed that re-instatement would proceed without further fees or penalty.

Thank you for your assistance and cooperation in this matter.

Very truly yours,

Dan D'Agostino
Controller

enclosures