**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 # **P94000041471 (1)**

1. Corporation Name

**TONY VIVONA & DUKE TROMBETTI, INC.**

Principal Place of Business

**4310 SHERIDAN STREET**
**SUITE 202**
**HOLLYWOOD FL 33021**

Mailing Address

**4310 SHERIDAN STREET**
**SUITE 202**
**HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **05/31/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0498157** [ ] 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. [X] Yes [ ] No

2. Principal Place of Business

21 Street, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address

26 Street, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**BURTON, ANDRE S**
**4310 SHERIDAN STREET**
**SUITE 202**
**HOLLYWOOD FL 33021**

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 607.0505, 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. The character of business of the corporation is found on file with the Department of State. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PSD | [ ] DELETE |
| NAME | TROMBETTI, JOSEPH D | |
| STREET ADDRESS | 4310 SHERIDAN STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | VTD | [ ] DELETE |
| NAME | VIVONA, TONY | |
| STREET ADDRESS | 24 GLENWOOD ROAD | |
| CITY-ST-ZIP | COLTS NECK NJ 07722 | |
| 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

| | |
|---|---|
| 11 TITLE | [ ] Change [ ] Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | [ ] Change [ ] Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | [ ] Change [ ] Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | [ ] Change [ ] Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | [ ] Change [ ] Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | [ ] Change [ ] Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this business venture annual report does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I certify that this annual report is being filed on behalf of a qualified business venture. I understand that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that I have read the foregoing annual report; and that the facts stated therein are true, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is entered in Block 14 of this report.

**SIGNATURE:** X [signature] X 4-16-96 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)