

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000042222 (7)

1. Corporation Name

ROBERT J. CALAMIA & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

7845 W. SAMPLE RD.  
SUITE 178  
CORAL SPRINGS FL 33065

7845 W. SAMPLE RD.  
SUITE 178  
CORAL SPRINGS FL 33065-4709

2. Principal Place of Business

21 10 FAIRWAY DRIVE  
Suite, Apt. #, etc.

22 SUITE 124  
City & State

23 DEERFIELD BEACH FL  
Zip Country

24 33442 25 BROWARD

2a. Mailing Address

26 10 FAIRWAY DRIVE  
Suite, Apt. #, etc.

27 SUITE 124  
City & State

28 DEERFIELD BEACH FL  
Zip Country

29 33442 30 BROWARD

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

05/14/1996

4. FEI Number

09-5504914

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CALAMIA, ROBERT J  
7845 W. SAMPLE RD.  
SUITE 178  
CORAL SPRINGS FL 33065

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 607.1508, 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

*Robert J. Calamia*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CALAMIA, ROBERT J  
CITY-ST-ZIP 7845 W. SAMPLE RD., STE. 178  
CORAL SPRINGS FL 33065

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

*Robert J. Calamia*  
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (9/96)