

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 18 PM 2:22

SECRETARY OF STATE



DOCUMENT # P94000068141 (8)

1. Corporation Name

RON CATRONIO & ASSOCIATES INC.

Principal Place of Business

Mailing Address

8333 WEST MCNAB RD.
STE 237
TAMARAC FL 33321
US

8333 WEST MCNAB RD.
STE 237
TAMARAC FL 33321
US

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 7600 Wilkes Road

25 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D

27 Suite D

City & State

City & State

23 Carol Springs FL

28 Carol Springs FL

Zip

Country

Zip

Country

24 33076

25 USA

29

30

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

10. Name and Address of New Registered Agent

CATRONIO, RON
8333 WEST MCNAB RD.
SUITE 231
TAMARAC FL 33321

81 Name Same

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

83 7600 Wilkes Rd

84 Suite D

85 City Carol Springs

FL

86 Zip Code 33076

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

Ronald J Catronio

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12-13-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CATRONIO, RONALD J
STREET ADDRESS 6901 NW 80TH ST
CITY - ST - ZIP TAMARAC FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Ronald J Catronio
6901 NW 80th St
Carol Springs FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

REINSTATEMENT 96

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

12/18/96

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

300002082513--6

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

12/19/96-01032--007
***375.00 ***225.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

300002033513--6
-12/19/96-01032--007
***375.00 ***225.00

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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-96

954-346-3343

Date

Daytime Phone #

CH2E034 (3/96)