

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 # P95000006173 (5)

1. Corporation Name

CHRISTOPHER J. MALVANO, GENERAL CONTRACTOR, INC.



Principal Place of Business

Mailing Address

1017 COMSTOCK ST
PT CHARLOTTE FL 33952

1017 COMSTOCK ST
PT CHARLOTTE FL 33952

3. Date Incorporated or Qualified

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0551343

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

10. Name and Address of New Registered Agent

MALVANO, CHRISTOPHER J
1017 COMSTOCK ST
PT CHARLOTTE FL 33952

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D DELETE
NAME: MALVANO, CHRISTOPHER J
STREET ADDRESS: 1017 COMSTOCK ST
CITY - ST - ZIP: PT CHARLOTTE FL 33952

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

TITLE: D DELETE
NAME: MALVANO, CHRISTINE L
STREET ADDRESS: 1017 COMSTOCK ST
CITY - ST - ZIP: PT CHARLOTTE FL 33952

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

TITLE: MALV DELETE
NAME: ANO, JOHN C JR
STREET ADDRESS: 1017 COMSTOCK ST
CITY - ST - ZIP: PT CHARLOTTE FL 33952

3.1 TITLE Change Addition
3.2 NAME: MALVANO, JOHN C., JR
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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

TITLE: DELETE
NAME:
STREET ADDRESS:
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Christopher J. MALVANO 4/25/96 941-627-9734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)