

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 # P95000010927 (8)

1. Corporation Name

MICHAEL S. NOVILLA, INC.



Principal Place of Business

Mailing Address

3806 CENTRAL AVE.
ST. PETERSBURG FL 33711

3806 CENTRAL AVE.
ST. PETERSBURG FL 33711

2. Principal Place of Business

2a. Mailing Address

21 465 15 AVENUE NORTH
Suite, Apt. #, etc.

26 465 15 AVENUE NORTH
Suite, Apt. #, etc.

22

27

23 City & State
ST. PETERSBURG, FL

28 City & State
ST. PETERSBURG, FL

24 Zip 33704 25 Country USA

29 Zip 33704 30 Country USA

9. Name and Address of Current Registered Agent

NOVILLA, MICHAEL S
3806 CENTRAL AVE.
ST. PETERSBURG FL 33711

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 of typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when removing filing)

PRESIDENT

4/8/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D
NOVILLA, MICHAEL S
3806 CENTRAL AVE.
ST. PETERSBURG FL 33711

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

465 15 AVENUE NORTH
ST. PETERSBURG, FL 33704

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/8/96

813 822 6148

Daytime Phone

CR2E034 (12/95)