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 # P9500022573 (6) 1. Corporation Name DOMINICK BUCCOLA MARINE MECHANICS, INC.									
						T ARANGAN ING TATAK ANIM RAWA BERN BENN BANG MANA MANA BUNIN BUNIN BANG ANIM			
Principal Place	e of Business	Mailing Add	iress						
800 MOODY BLVD			800 MOODY BLVD						
FLGLER BI	EACH FL 32136	FLGLER	R BEACH FL 32136			6 D.M. I		(1 . 5	
						3. Date Incorporated or Qualifi 03/20/1995	eo 3a . Dat	e of Last R	eport
\neg \frown \land	lace of Business	F1	2a. Mailing Address			4. FEI Number			Applied For
Suite. Apt.	#, etc	26 Suite A	Suite, Apt. # etc			37-5305	5209		Not Applicable Additional
22		27	<u></u>			5. Certificate of Status Desired		*	Required
City & State)	 1	City & State			6. Election Campaign Financing \$5.00 May Be			
23] Zip	Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Country	·	Trust Fund Contribution 8. This corporation has liability			d to Fees 199 032
24	25	29	30	Ĺ			Yes No	an arraci s	103.002,
	9. Name and Address of Cur	rent Registered Ag	jent	81	Name	10. Name and Address of Ne	w Registered	Agent	
RUCC	OLA, DOMINICK					W			
800 MOODY BLVD			82 Sti			ess (P.O. Box Number is Not Acce	ptable)		
FLGLE		83							
	•			84	City			85 Z ₁	p Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508. F	londa Statutes, the	above t	named cornor	ation submits this statement for the	FL numose of ch	anging its c	enietered office
or register	red agent, or both, in the State of FI ith, and accept the obligations of, Si	loddir Such changei	was authorized by	the corp	oration's boa	rd of directors. Thereby accept the	appointment a	s registered	Lagent. Lam
SIGNATURE									
12.	Signal are hyped or profess whose clinese tensoral OFFICERS A	Johan Bridgeleace AND DIRECTORS	ĝvô1E 6-gi	priesest A _{spec} 13.	ri Sagrodica e te conce	ADDITIONS/CHANGES TO	OA'E	DIRECTO	DS IN 16
TITLE	PRESIDENT		DELETE	1.1111.1	r ····	ADDITIONS OF LANGES TO		☐ Change	Addition
NAME	Dominick J B.	laminick J Buccola Claymont CtS JmCst FL 32137		1.2 NAME					
STREET ADDRESS	8 claymont Ct	- 5		13 STHEET	ADDRESS				
CITY-ST-ZIP TITLE	raincer FC3.	がフェーニ	DELFTE	14 CHY-S 2 1 INCE	I ZIP			Change	- Addition
NAME		ب		2.1 III.CF				Change	Addition
STREET ADDRESS			1	23 STREET	ADDRESS				
CITY-ST-ZIP				24 OITY S					
TITLE) DELETE	3 1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				33 STREET	LADDRESS				
CITY - ST - Z:P				3.4 CITY - S	ZIP				
T-TLE NAME] DELETE	4 ! TITLE	-		İ	Change	Addition
STREET ADORESS				4.2 NAME	ADDATES				
CITY-ST-ZIP				43 STREET 44 City-S					
TITLE				5 1 T.TLE	1-7-			Change	Addition
NAME		_		5.2 NAME			,		5
STREET ADDRESS				5.3 STREET	ADDRESS				1/04
CITY - ST - ZIP				54 CITY-S	j				120 34
TITLE			DELFIE	6 1 TITLE		1000018	3413	r Change	☐ Addition
NAME				€ 2 NAME		1000018 -05/29/960	10180	36	
STREET ADDRESS				€ 3 514E61	ADDRESS	***225.00			
CITY-ST-ZIP	by certify that the information supplies	out a let, etche Admin 1-	ojuntarije furnishod	€ 4 CITY - S	1 - ZIP		119 07/3/JAV EI		

1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19 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 comoral on 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 By 5k 13 if changed, or or an add shall change appears.

SIGNATURE: MOTOR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR 4-25-96

(0 4 (3) POI)

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