

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 # **P95000026761 (3)**

1. Corporation Name

**BENNETT-GIORDANO, CORP.**



Principal Place of Business

**11251 N.W. 8TH STREET  
PLANTATION FL 33324**

Mailing Address

**11251 N.W. 8TH STREET  
PLANTATION FL 33324**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
**04/04/1995**

3a. Date of Last Report  
—

4. FLE Number

**65-0572463**

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

**LKOTITO, RICHARD  
11251 N.W. 8TH STREET  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 obligation of, Sections 607.0507 and 607.1508, Florida Statutes.

SIGNATURE

*Richard Lkottito*

Signature of Registered Agent or Secretary or Treasurer

**4/14/96**

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D LOTITO, RICHARD**  
STREET ADDRESS **205 E. WOODSIDE AVENUE**  
CITY-STATE-ZIP **EAST PATCHOGUE NY 11772**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P/D LOTITO, RICHARD**  
1.3 STREET ADDRESS **11251 NW 8TH ST.**  
1.4 CITY-STATE-ZIP **PLANTATION, FL 33325**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **MAX FINKELSTEIN**  
2.3 STREET ADDRESS **11251 NW 8TH ST**  
2.4 CITY-STATE-ZIP **PLANTATION, FL 33325**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **T/S THOMAS MELOT**  
3.3 STREET ADDRESS **11251 NW 8TH ST**  
3.4 CITY-STATE-ZIP **PLANTATION, FL 33325**

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 changed, or on an attachment with an address.

SIGNATURE:

*Thomas B. Melot* **THOMAS B. MELOT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/96**

Date

**954-452-5284**

Daytime Phone #

CR2E034 (12/95)