4/3/96

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT COFPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State 😘 🔸 DIVISION OF CORPORATIONS

1996

P95000033465 (2) **DOCUMENT #**

E CALLOCCHIO, INC.



F. UNLLOO	0/110/1110							
Principal Place of But	siness	Maring Address) (Salisan) in this and same and			
2600 S. KANNER HWY G7 STUART FL 34994		2600 S. KANNER HWY Stuart FL 34994	2600 S. KANNER HWY G7 Stuart Fl 34994					
SIDANI PE SASSA					3. Date Incorporated or Qualified 04/25/1995	3a. Date of Last Repor		
Dissipat Place of	Ruemoss	2a. Mailing Address			4. FEI Number		hed For	
Principat Place of Business		26	· · · ·		65-057247	\$8.75 Ac	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite. Apt. #, etc		5. Certificate of Status Desired		Fee Required	
City & State		City & State	L		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees		· ·	
3		28	Count		This corporation has liability for interest.	anginie tax under s. 19	9.032.	
Zip Country		Ζφ 29	30		Florida Statutes Yes You			
4	25 Name and Address of Cur		1231		10. Name and Address of New Reg	jistered Agent		
<u>y.</u>	Name and Rodiess of Co.			Name				
BASS, DONALD L			1	32 Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
7166 SE 09	Sprey St.		83					
HOBÉ SOUND FL 33455						85 Zip C	Code	
•				B4 City	ration submits this statement for the purp rd of directors. I hereby accept the appoi	FL (T)		
	nine typed or panied name of a joined to OFFICERS	AND DIRECTORS	ičiti: Registarati 13.	Agrent signature researce	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS THE Change	S IN 12	
TITLE	D	DELLITE	1 1 11	i.f		[_] Change	Addition	
NAME	CALLOCCHIO, FLORENC	E	1.2 NA	1				
STREET ADDRESS	2600 S. KANNER HWY., I	G7		RELEADORESS				
CITY - ST - ZIP	STUART FL 34994		1.4 CC	IY-SI-ZIP		Change	Addition	
TITLE		☐ DETELE	2 1 N					
NAME				REEL ADDRESS				
STREET ADDRESS				IY-SI ZiP			Addition	
CITY-S1-ZIP TITLE		DELETE	3 1 [ITLE		Change	☐ Moont on	
NAME			32 N					
STREET ADDRESS				TREET ADDRESS				
CHY-ST-ZIF		DELETE	34 <u>C</u>	(TY - ST - ZIP		☐ Change	☐ Addition	
TITLE		Попец	42 N					
NAME				TREE L'ADDRESS				
STREET ADDRESS			440	ity-St-ZiP	50000179	>으도로도	Addition	
CITY-ST-ZIP TITLE		☐ DELETE	5.1	BTLE No.	-04/22/96010	13300 <u>0</u>	☐ Addition	
NAME			1	IAME †	***200.00	,		
STREET ADDRESS				TREET ADDRESS	****E00100			
CITY - ST - ZIP	<u> </u>	FIRST		TITLE		☐ Change	☐ Add tion	
TITLE		☐ DELETE		NAME			DOB	
NAME			i i	STREET ADDRESS		G	death.	
STREET ADDRESS							ローノロー	
			6.4	CITY - ST - ZIP	y for the exemption stated in Section 119 urate and that my signature shall have the	OFFICIAL EL 13- DES A	on I further	

certify that the information indicated on this annual report or supplemental annual report is true and about all that it is report as required by oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence Collockio Florence Collockio 3/30/96 407 2864529