

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000036845**
1. Corporation Name

Chris-De-Paul, Inc.

Principal Place of Business Mailing Address
**1766 S.E. Port St. Lucie Blvd.
PORT ST. LUCIE, FL. 34952**

3. Date Incorporated or Qualified **MAY 8, 1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **65-0580341** 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

**Donna SZCZEBAK O'NIEL, P.A.
301 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL. 33334**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
NAME **ANGELA E. MALPIEDI**
STREET ADDRESS **1541 S.W. NEPONSET RD.**
CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VP** DELETE
NAME **DENNIS E. MALPIEDI**
STREET ADDRESS **1541 S.W. NEPONSET RD.**
CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **S** DELETE
NAME **DENNIS E. MALPIEDI**
STREET ADDRESS **1541 S.W. NEPONSET RD.**
CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

31 TITLE Change Addition
32 NAME **S CAROLYN S. MALPIEDI**
33 STREET ADDRESS **3812 S.W. RAMSPECK ST.**
34 CITY-ST-ZIP **PORT ST. LUCIE FL. 34953**

TITLE **T** DELETE
NAME **ANGELA E. MALPIEDI**
STREET ADDRESS **1541 S.W. NEPONSET RD.**
CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

41 TITLE Change Addition
42 NAME **T DEANA M. BRAZELL**
43 STREET ADDRESS **3881 SW RAMSPECK ST**
44 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE **900001868809** Change Addition
62 NAME **-06/20/96--01020--029**
63 STREET ADDRESS *****233.75**
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Angela E. Malpiedi, Pres.** **Angela E. MALPIEDI** **6-6-96** **561-335-4919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (3/96)