

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 # P95000037636 (4)

1. Corporation Name

PACCHINI ENTERPRISES INC.



Principal Place of Business

4189 BRENTWOOD PARK CIRCLE
TAMPA FL 33624-1306

Mailing Address

4189 BRENTWOOD PARK CIRCLE
TAMPA FL 33624-1306

2. Principal Place of Business

21 719 N FRANKLIN

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33602

Country

25 Hills

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

4. FEI Number

59-3318079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BRACE, RONALD
320 W. FLETCHER AVE.
TAMPA FL 33612

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME PACCHINI, STELVIO
STREET ADDRESS 4189 BRENTWOOD PARK CIRCLE
CITY-ST-ZIP TAMPA FL 33624-1306

TITLE D ☐ DELETE

NAME PACCHINI, ELISABETTA
STREET ADDRESS 4189 BRENTWOOD PARK CIRCLE
CITY-ST-ZIP TAMPA FL 33624-1306

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME Pacchini, Stelvio

1.2 NAME

1.3 STREET ADDRESS 7401 Bonaventure Dr

1.4 CITY-ST-ZIP TAMPA FL 33607-5816

2.1 TITLE ☒ Change ☐ Addition

NAME Pacchini, Elisabetta

2.2 NAME

2.3 STREET ADDRESS 7401 Bonaventure Dr

2.4 CITY-ST-ZIP TAMPA FL 33607-5816

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30/96

Date

Daytime Phone #

CR2E034 (12/95)