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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041872 (9)

1. Corporation Name

NPA ASSOCIATES LTD., INC.

Principal Place of Business

1860 NORTH PINE ISLAND RD.
PLANTATION FL 33322

Mailing Address

1860 NORTH PINE ISLAND RD.
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number

65-0588265

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

D'AMICO, DAVID

10424 DORCHESTER DR- 5818 E. Fox hollow DR
BOCA RATON FL 33428 33486

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

David D'Amico

Signature, typed or printed name of registered agent and to be filled applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/98

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

TRENTACOSTE, PAUL J

STREET ADDRESS

8 HARNESS ROAD

CITY-ST-ZIP

ST. JAMES NY 11780

TITLE

VP

☒ DELETE

NAME

IACONA, ROBERT

STREET ADDRESS

3041 AVENUE T

CITY-ST-ZIP

BROOKLYN NY 11220

TITLE

S

☒ DELETE

NAME

PARIS, PATRICIA

STREET ADDRESS

12 HIGH HILL LANE

CITY-ST-ZIP

HUNTINGTON NY 11748

TITLE

T

☐ DELETE

NAME

GALLICCHIO, PATRICIA

STREET ADDRESS

42 COLONIAL DRIVE

CITY-ST-ZIP

FARMINGDALE NY 11735

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

3/16/98

516-231-8484

CR2E034 (10/97)