

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000050575 (6)

1. Corporation Name
1926 10TH AVENUE NORTH, INC.



Principal Place of Business
21 S.E. HARBOR POINT DR.
STUART FL 34996

Mailing Address
21 S.E. HARBOR POINT DR.
STUART FL 34996

3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0598521	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
MORTELL, EDWIN E III 1550 SOUTHERN BLVD., STE. 300 WEST PALM BEACH FL 33406	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BARATTA, ROBERT O DR.	1.2 NAME	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	BARATTA, SCOTT R	2.2 NAME	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	BARATTA, GREGG P	3.2 NAME	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	MORTELL, MELISSA A	4.2 NAME	
STREET ADDRESS	417 KRUEGER PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	BARATTA, CAROL	5.2 NAME	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Robert O. Baratta, III* 2-21-97 561-287-6151

CR2E034 (9/96)