

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000050847 (9)**

1. Corporation Name

**GIRI, INC.**



Principal Place of Business

**5900 SOUTH TAMiami TRAIL  
SUITE K  
SARASOTA FL 34231**

Mailing Address

**5900 SOUTH TAMiami TRAIL  
SUITE K  
SARASOTA FL 34231**

3. Date Incorporated or Qualified

**06/29/1995**

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

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 the corporation.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D RIFUGIATO, TONY**  
STREET ADDRESS **5900 SOUTH TAMiami TRAIL, SUITE K**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE

NAME **D HUNDLEYU, DAVID**  
STREET ADDRESS **2136 BONITA WAY SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☒ DELETE

NAME **D BERENDS, MICHAEL J**  
STREET ADDRESS **1829 KENILWORTH STREET**  
CITY-ST-ZIP **SARASOTA FL 34321**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

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☒ Change ☐ Addition

**D GAETANO RIFUGIATO**  
**5900 S. TAMiami TRAIL # K**  
**SARASOTA FL 34231**

☐ Change ☐ Addition

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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)(b), 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: **G. Rifugiato**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GAETANO RIFUGIATO**

**20 MARCH 96 941-921-7271**

DATE

Daytime Phone No.

CR2E034 (12/95)