

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 # P95000059328 (1)

1. Corporation Name

FORMCON CONSULTING, INC.



Principal Place of Business

Mailing Address

% ANGELA TIRU, ESQ.
P.O. BOX 770331
CORAL SPRINGS FL 33077

% ANGELA TIRU, ESQ.
P.O. BOX 770331
CORAL SPRINGS FL 33077

3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number

65-0613422

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

TIRU-ABBATIELLO, ANGELA ESQ.
600 CORPORATE DRIVE
SUITE 101
FORT LAUDERDALE FL 33334

81 Name

ANGELA ABBATIELLO TIRU, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

600 N. ANDREWS AVE.

83 City

FT. LAUDERDALE

84 City

FT. LAUDERDALE

FL

85 Zip Code

33311

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 (Applicable)

(NOTE: Registered Agent Signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ABBATIELLO, ALBERT
STREET ADDRESS % ANGELA TIRU, P.O. BOX 770331
CITY-ST-ZIP CORAL SPRINGS FL 33077

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE VP/DIRECTOR
1.2 NAME MARY ABBATIELLO
1.3 STREET ADDRESS C/O ANGELA TIRU
1.4 CITY-ST-ZIP P.O. BOX 770331, CORAL SPRINGS FL 33077

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Mary Abbatiello, Vice pres.

7-2-96

954-913-4653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Telephone Number

CR2E034 (3/96)