

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 # P95000074300 (1)

1. Corporation Name

THE SCHIAVONE GROUP, INC.



Principal Place of Business

613 STONEFIELD LOOP
HEATHROW FL 32746

Mailing Address

613 STONEFIELD LOOP
HEATHROW FL 32746

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHIAVONE, MARK
613 STONEFIELD LOOP
HEATHROW FL 32746

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

N/A

4. FEI Number

59-333-1512

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

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 that of approver

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHIAVONE, MARK	
STREET ADDRESS	613 STONEFIELD LOOP	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCHIAVONE, BONITA	
STREET ADDRESS	613 STONEFIELD LOOP	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.21E	
1.31E	
1.41E	
2.11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.21E	
2.31E	
2.41E	
3.11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.21E	
3.31E	
3.41E	
4.11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.21E	
4.31E	
4.41E	
5.11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.21E	
5.31E	
5.41E	
6.11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.21E	
6.31E	
6.41E	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. Grant Schiavone 4/22/96 407-444-9998

CR2E034 (12/95)