

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 # **P95000075268 (9)**

1. Corporation Name

FLORENTINO'S, INC.



Principal Place of Business

**9070 KIMBERLY BLVD.
BOCA RATON FL 33434**

Mailing Address

**9070 KIMBERLY BLVD.
BOCA RATON FL 33434**

2. Principal Place of Business

9060 KIMBERLY BLVD

2a. Mailing Address

9060 KIMBERLY BLVD

21

Suite, Apt. #, etc.

22

SUITE 42

23

City & State

24

Zip

Country

26

Suite, Apt. #, etc.

27

SUITE 42

28

City & State

29

Zip

Country

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

4. FEI Number

65-0651983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**CRISANTO, MARY A
9070 KIMBERLY BLVD.
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

THOMAS CRISANTI

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

9060 KIMBERLY BLVD. STE 42

83

84 City

BOCA RATON,

FL

85 Zip Code

33434

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

Thomas Crisanti Pres.

4-19-96

(Type, Register Agent Signature and Date)

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

CRISANTI, MARY A

STREET ADDRESS

9070 KIMBERLY BLVD.

CITY-ST-ZIP

BOCA RATON FL 33434

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

11 TITLE

PRESIDENT

☒ Change

☐ Addition

12 NAME

THOMAS CRISANTI

13 STREET ADDRESS

9060 KIMBERLY BLVD STE 42

14 CITY-ST-ZIP

BOCA RATON, FL 33434

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

600001796816

-04/26/96--01094--009

*****200.00**

☐ Change

☐ Addition

☐ Change

☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Thomas Crisanti Pres.

THOMAS CRISANTI, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Type)

CR2E034 (12/95)