

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Murtham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000075944 (5)**

1. Corporation Name

NICHOLAS PALERMO, INC.



Principal Place of Business

**121 NORTHWEST 55TH STREET
FORT LAUDERDALE FL 33309**

Mailing Address

**121 NORTHWEST 55TH STREET
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LETWIN, JANE M
915 MIDDLE RIVER DRIVE #104-A
FORT LAUDERDALE FL**

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

4. FEI Number

65-0618831-250612 4 2

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 Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1	TITLE	1	TITLE
NAME	D PALERMO, NICHOLAS	2	NAME
STREET ADDRESS	121 NORTHWEST 55TH STREET	3	STREET ADDRESS
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	4	CITY-ST-ZIP
5	TITLE	5	TITLE
NAME		6	NAME
STREET ADDRESS		7	STREET ADDRESS
CITY-ST-ZIP		8	CITY-ST-ZIP
9	TITLE	9	TITLE
NAME		10	NAME
STREET ADDRESS		11	STREET ADDRESS
CITY-ST-ZIP		12	CITY-ST-ZIP
13	TITLE	13	TITLE
NAME		14	NAME
STREET ADDRESS		15	STREET ADDRESS
CITY-ST-ZIP		16	CITY-ST-ZIP
17	TITLE	17	TITLE
NAME		18	NAME
STREET ADDRESS		19	STREET ADDRESS
CITY-ST-ZIP		20	CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 resident 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 of this change form on this filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

771-0710

CR2E034 (12/95)