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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000100315 (6)

1. Corporation Name

KERWICK- DE LUCA & ASSOCIATES, INC.



Principal Place of Business

3435 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308-7003

Mailing Address

3435 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308-7003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

65-0717140

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4007 N Ocean Blvd

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale FL

Zip

Country

24 33308

25

2a. Mailing Address

26 4007 N Ocean Blvd

Suite, Apt. #, etc.

27 City & State

28 Fort Lauderdale FL

Zip

Country

29 33308

30

9. Name and Address of Current Registered Agent

KERWICK, ROBERT A
3435 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308-7003

10. Name and Address of New Registered Agent

81 Name

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

4007 N Ocean Blvd

83

84

City Fort Lauderdale FL

FL

85 Zip Code

33308

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KERWICK, ROBERT A.
STREET ADDRESS 3435 GULF OCEAN DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME DELUCIA, STEFANO
STREET ADDRESS 3435 GULF OCEAN DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE

NAME DETORRES GIUDITTA
STREET ADDRESS 3435 GULF OCEAN DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4007 N Ocean Blvd

Fort Lauderdale, FL 33308

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4007 N Ocean Blvd

Fort Lauderdale, FL 33308

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4007 N Ocean Blvd

Fort Lauderdale FL 33308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

SIGNATURE

4-1-98

CR2E034 (10/97)