

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 # S01880

(1)

1. Corporation Name

AZZARELLI BUILDERS, INC.



Principal Place of Business

324 SOUTH HYDE PARK AVE
SUITE 260
TAMPA FL 33606

Mailing Address

324 SOUTH HYDE PARK AVE
SUITE 260
TAMPA FL 33606

2. Principal Place of Business

21 100 W. KENNEDY BLVD.

Suite, Apt. #, etc.

22 #720

City & State

23 TAMPA, FL

Zip

24 33602

Country

25

2a. Mailing Address

26 100 W. KENNEDY BLVD.

Suite, Apt. #, etc.

27 #720

City & State

28 TAMPA, FL

Zip

29 33602

Country

30

3. Date Incorporated or Qualified
08/30/1990

3a. Date of Last Report
02/14/1995

4. FE Number
59-3032424

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

HOWELL, DANIEL B
324 S HYDE PARK AVE.
SUITE 260
TAMPA FL 33606

81 Name

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

100 W. KENNEDY BLVD

83 #720

84 City TAMPA

FL

85 Zip Code

33602

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 liability of, Section 607.0505, Florida Statutes.

SIGNATURE

Daniel Howell
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/13/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D HOWELL, DANIEL B	324 S HYDE PARK AVE	TAMPA FL	
	D AZZARELLI, THOMAS J	324 S HYDE PARK AVE	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	100 W. KENNEDY BLVD #720
1.4 CITY - ST - ZIP	TAMPA, FL 33602
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 W. KENNEDY BLVD #720
2.4 CITY - ST - ZIP	TAMPA, FL 33602
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

Daniel Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96
Date

(813) 222 3400
Daytime Phone #

CR2E034 (12/95)