# 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 # S08562 (8)

**1. Corporation Name**

N & V RONCAGLIA CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| MILLBRIDGE COURT 1715 ORLANDO FL 32837 US | MILLBRIDGE COURT 1715 ORLANDO FL 32837 US |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 10/25/1990 | 05/01/1995 |

| 4. FEI Number | |
|---|---|
| 59-3040671 | Applied For / Not Applicable |

**2. Principal Place of Business** [21]
**2a. Mailing Address** [26]

Suite, Apt. #, etc. [22] / [27]

City & State [23] / [28]

Zip [24] Country [25] / Zip [29] Country [30]

**5. Certificate of Status Desired** X☑X X — $8.75 Additional Fee Required

**6. Election Campaign Financing Trust Fund Contribution** X☑X X — $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**

RONCAGLIA, VERA
1715 MILLBRIDGE COURT
ORLANDO FL 32837

**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 if filled changed) (NOTE: Registered Agent signature required when reinstating) DATE _____

## 12. OFFICERS AND DIRECTORS

| | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|

| TITLE | PSD | ☐ DELETE |
|---|---|---|
| NAME | RONCAGLIA, VERA | |
| STREET ADDRESS | 1715 MILLBRIDGE COURT | |
| CITY-ST-ZIP | ORLANDO FL | |

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition

(remaining officer/director rows 2–6 blank with ☐ DELETE / ☐ 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:** *Vera L. Roncaglia* - VERA L. RONCAGLIA - 04.19.96 - (407)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-0772

CR2E034 (12/95)