FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 10: 17

DOCUMENT # S31647 (8)

1. Corporation Name
CIOCE-PROCACCI, INC.

Principal Place of Business	Mailing Address
401 W LINTON BLVD. #302 DELRAY BCH FL 33444 US	401 W LINTON BLVD. #302 DELRAY BCH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 401 W. LINTON BLVD.
Suite, Apt. #, etc.
22 #202
City & State
23 DELRAY BCH., FL
Zip 24 33444 Country 25 U.S.

2a. Mailing Address
26 6017 Pine Ridge Rd.
Suite, Apt. #, etc.
27 SUITE 221
City & State
28 NAPLES, FL
Zip 29 33999 Country 30 U.S.

4. FEI Number: 65-0246106 ☐ 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

CIOCE, DOUGLAS G
401 W LINTON BLVD.
SUITE 302
DELRAY BCH FL 33444

10. Name and Address of New Registered Agent

81 Name: CIOCE, DOUGLAS G.
82 Street Address (P.O. Box Number is Not Acceptable): 401 W. LINTON BLVD.
83 SUITE 202
84 City: DELRAY BCH FL 65 Zip Code: 33444

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] June 5th 1995
Signature (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CIOCE, DOUGLAS	12 NAME	CIOCE, DOUGLAS G.	
STREET ADDRESS	401 W LINTON BLVD SUITE 302	13 STREET ADDRESS	401 W. LINTON BLVD. SUITE 202	
CITY-ST-ZIP	DELRAY BCH FL	14 CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	ST	21 TITLE	SEC/TREAS.	☑ Change ☐ Addition
NAME	PROCACCI, ROSEANN	22 NAME	PROCACCI, ROSEANN	
STREET ADDRESS	401 W LINTON BLVD SUITE 302	23 STREET ADDRESS	401 W. LINTON BLVD. SUITE 202	
CITY-ST-ZIP	DELRAY BCH FL	24 CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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, added or deleted.

SIGNATURE: [signature] Douglas G. CIOCE, PRESIDENT 6/5/95 (941) 455-4433
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207133 CP