

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

95 JAN 25 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S46986

(3)

1. Corporation Name
FRAVILEN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

878 COMMONWEALTH CT
SUITE 208-B
CASSELBERRY FL 32701
US

Mailing Address

898 COMMON WEALTH J.
SUITE 208-B
CASSELBERRY FL 32707
US

2. Principal Place of Business

21 898 COMMONWEALTH CT
State, Apt. #, etc. CT

2a. Mailing Address

26 898 COMMONWEALTH CT
State, Apt. #, etc. CT

City & State

23 CASSELBERRY FL

City & State

28 CASSELBERRY FL

Zip

24 32707

Country

25 SEYMOUR

Zip

29 32707

Country

30 SEYMOUR

3. Date Incorporated or Qualified

04/22/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3065340

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 Fee

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCUCCI, FRANK
STREET ADDRESS	1190 SADDLEHORSE CT
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	VP
NAME	NANDIELLO, VITO
STREET ADDRESS	3340 S ST LUCY DR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	1190 SADDLEHORSE CT
1.4 CITY-ST-ZIP	32708
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32707
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Frank Scucci
FRANK SCUCCI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95 (4.7) 695-7777
Date Signature (Typed)