

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S59349

(8)

1. Corporation Name

RONZONI ENTERPRISES, INC.



Principal Place of Business

600 NORTH CONGRESS AVE  
DELRAY BEACH FL 33445

Mailing Address

600 NORTH CONGRESS AVE  
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M  
590 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified

06/13/1991

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0271006

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

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 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> DELETE |
| NAME           | RONZONI, RALPH        |                                 |
| STREET ADDRESS | 10559 SPICEWOOD TRAIL |                                 |
| CITY-STATE-ZIP | BOYNTON BCH FL        |                                 |
| TITLE          | VP                    | <input type="checkbox"/> DELETE |
| NAME           | RONZONI, PETER        |                                 |
| STREET ADDRESS | 10559 SPICEWOOD TRAIL |                                 |
| CITY-STATE-ZIP | BOYNTON BCH FL        |                                 |
| TITLE          | S                     | <input type="checkbox"/> DELETE |
| NAME           | RONZONI, VIRGINIA     |                                 |
| STREET ADDRESS | 10559 SPICEWOOD TRAIL |                                 |
| CITY-STATE-ZIP | BOYNTON BCH FL        |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |

13.

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-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 199.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 manager 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 even if the firm with an address.

SIGNATURE:

*Ralph Ronzoni* RALPH RONZONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96

Logline Form # 100

CR2E034 (12/95)