SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V06393** **(5)**

1. Corporation Name
RICHARD P. CINTORINO, P.A.

Principal Place of Business	Mailing Address
2440 E COMMERCIAL BLVD STE 3 FT. LAUDERDALE FL 33308 US	BOX 70742 FORT LAUDERDALE FL 33307 US

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1607 N.E. 51 STREET
Suite, Apt. #, etc.
22 "W"
City & State
23 FT. LAUDERDALE, FL
Zip 24 33334 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0305252 ☐ 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

FIELD, JOHN W
LAW OFFICES OF SHARON R BOCK
1998 CORAL WAY
MIAMI FL 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	CINTORINO, RICHARD		1.2 NAME	RICHARD P. CINTORINO	
STREET ADDRESS	2190 N.E. 51CT #302		1.3 STREET ADDRESS	1607 NE 51 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	VD	☐ DELETE	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	CINTORINO, BARBARA F		2.2 NAME	BARBARA F. CINTORINO	
STREET ADDRESS	2190 N.E. 51 CT #302		2.3 STREET ADDRESS	1607 NE. 51 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CINTORINO, KAREN E		3.2 NAME	KAREN E. ENGLER	
STREET ADDRESS	2190 N.E. 51 CT #302		3.3 STREET ADDRESS	2386 CEDAR AVE	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	RONKONKOMA, N.Y. 11779	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard P. Cintorino President 6/12/96 (954) 771-2165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
RICHARD P. CINTORINO