

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V47093 (2)

1. Corporation Name

NYPD I, INC.



Principal Place of Business

13741 CHESTERSALL DR.
TAMPA FL 33624

Mailing Address

13741 CHESTERSALL DR.
TAMPA FL 33624

2. Principal Place of Business

21 4348 W. VILLAGE DR

Suite, Apt. #, etc

2a. Mailing Address

26 SAME

Suite, Apt. #, etc

22 City & State

23 TAMPA, FL

24 33624

Country

25 HILLSB.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

08/10/1995

4. FEI Number

59-3131981

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

HENRY, WILLIAM
13741 CHESTERSALL DR.
TAMPA FL 33624

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 signing officer or director

Date Registered Agent Signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HENRY, WILLIAM F.
STREET ADDRESS 13741 CHESTERSALL DR.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D HENRY, WILLIAM A.
STREET ADDRESS 13726 CHESTERSALL DR.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D COOPER, RALPH
STREET ADDRESS 4106 QUELLER WAY
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME O STANGO, DOMINIC
STREET ADDRESS 4548 W. VILLAGE DR.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Domenic Stango

DOMENIC STANGO

4-29-96

(813) 963-1360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)