

**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 # **V57538** (3)

1. Corporation Name  
**BOCCI, INC.**



Principal Place of Business: **THE OPTICAL SHOPPE 627 W 23RD ST PANAMA CITY FL 32405 US**  
Mailing Address: **627 W 23RD ST 303 U.S. 301 BLVD. WEST - please delete PANAMA CITY FL 32405 US**

3. Date Incorporated or Qualified: **08/13/1992**  
3a. Date of Last Report: **08/04/1995**  
4. FEI Number: **65-0350835**  
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

2. Principal Place of Business: **Same**  
2a. Mailing Address: **627 W. 23rd ST**  
22. Suite, Apt. #, etc.:  
23. City & State: **PANAMA CITY, FL**  
24. Zip: **32405** Country: **US**

9. Name and Address of Current Registered Agent  
**DIBACCO, NICHOLE  
C/O THE OPTICAL SHOPPE  
627 W 23RD ST  
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent  
81. Name: **Same**  
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 obligation of Section 607.0506, Florida Statutes.  
SIGNATURE: **Nichole Dibacco** DATE: **4-24-96**

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	DIBACCO, NICHOLE	
STREET ADDRESS	627 W 23RD ST	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIBACCO, THOMAS	
STREET ADDRESS	627 W 23RD ST	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DIBACCO, WILLIAM J	
STREET ADDRESS	627 W 23RD ST	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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, or on an attachment with an address.

SIGNATURE: **Nichole Dibacco** **Nichole Dibacco** DATE: **4-24-96** **904 763 3448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)