

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **587928** (3)

1. Corporation Name
TORFINO ENTERPRISES, INC.



Principal Place of Business: **11745 OTTER RUN P O BOX 6888 LAKE WORTH FL 33467**
Mailing Address: **11745 OTTER RUN P O BOX 6888 LAKE WORTH FL 33467**

3. Date Incorporated or Qualified: **09/28/1978**
3a. Date of Last Report: **04/21/1995**
4. FEET Number: **59-1882342**
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

2. Principal Place of Business: **3500 Fairlane Farms Rd**
2a. Mailing Address: **3500 Fairlane Farms Rd**
21. Suite, Apt. #, etc.: **STE #3**
26. Suite, Apt. #, etc.: **STE #3**
22. City & State: **West Palm Beach, FL**
27. City & State: **W.P.B., FL**
23. Zip: **33414**
28. Zip: **33414**
24. Country: **U.S.A.**
29. Country: **U.S.A.**

9. Name and Address of Current Registered Agent
DETORFINO, NICHOLAS
11745 OTTER RUN
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 is and printed name of registered agent (see Florida Statutes) Name of Registered Agent (signature required for first change)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PV | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DETORFINO, NICHOLAS R | 1.2 NAME | |
| STREET ADDRESS | 11745 OTTER RUN | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DETORFINO, LISE H | 2.2 NAME | |
| STREET ADDRESS | 11745 OTTER RUN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Nicholas Detorfino* *Lise Detorfino* **4/9/96** **407-790-0111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)