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

PROFIT CORPORATION ANNUAL REPORT



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

1996

621462

(1)

DOCUMENT # 1. Corporation Name

PULC	ini environmental de	ESIGN, INC.							
Principal Place 900 SW 130 DAVIE FL 3	O AVE.	Mailing Address 900 SW 130 AVE. DAVIE FL 33325-41	31				U PIÇI QIDIL BIQI	1 3 1 8 37 010	II OIOII OIOII FOEI
						3. Date Incorporated or Qualified 05/10/1979	3a. Date	of Last F 3/14/18	
Principal Place of Business 1		2a. Mailing Address 26			4. FEI Number 59-1900859	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Additional				
22		27				Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	itry		8. This corporation has liability for			
24		25 29 30 g. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	y, Name and Address of Co	iron registered Agent		81 N	ame	10. Name and Address of New H	egistered A	gent	
PULCINI, ARTHUR						1000			
	V 130TH AVE.			82 S	treet Addre	ess (P.O. Box Number is Not Acceptab	ie)		
DAVIE	FL 33325		1	83	-				
			1	84 C	ity			85 Z	ip Code
or registe:	to the provisions of Sections 607. red agent, or both, in the State of ith, and accept the obligations of, Signature, typed or printed name of registered	Florida. Such change was autho Section 607.0505, Florida Statut	rized by the co	orporat	ion's board	tion submits this statement for the pur d of directors. I hereby accept the appo	ointment as r	iging its egistered	registered office d agent. I am
12.		AND DIRECTORS	13.	ngeni sigr	Mature requirect	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	OBS IN 12
TITLE	PD	☐ DELETE		1.1 TITLE		1,000,000,000,000,000) Change	☐ Addition
NAME	PULCINI, ARTHUR		1.2 NAM	1.2 NAME					
STREET ADDRESS	900 SW 130 AVE			1.3 STREET ADDRESS					
CITY-ST-ZIP	DAVIE FL	FT DELETE		1.4 CITY-ST-ZIP					
TITLE NAME		☐ DELĒTE		2.1 TITLE			L) Change	☐ Addition
STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS					
DITY-ST-ZIP				2.4 City-St-ZiP					
TITLE		☐ DELETE		3. 1 TITLE				Change	Addition
NAME			3.2 NAM	ME					
STREET ADDRESS			3.3 STF	REET ADO	ORESS				
CITY-ST-ZIP			3.4 CIT	Y - ST - ZIF	P				
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CITY-ST-ZIP				REET ADDI Y-ST- <i>Z</i> if					
TITLE		DELETE	6 1 TIT) Change	☐ Addition
NAME			6.2 NAA				_	,gc	
STREET ADDRESS				EET ADDI	RESS				
CITY-S!-ZIP	[Y - ST - <i>Z</i> II					

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: