

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **670506**

(5)

1. Corporation Name
L P SOTTINI ENTERPRISES, INC.

Principal Place of Business Mailing Address
2865 N DIXIE HWY **2865 N DIXIE HWY**
POMPANO BCH FL 33064 **POMPANO BCH FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/19/1980 **03/31/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1721 N DIXIE HWY** **FL 33060** 25 **1721 N DIXIE HWY** **POMPANO BCH FL 33060**
Suits, Apt. #, etc. Suite, Apt. #, etc.

4. FBI Number Applied For
59-2009391 Not Applicable

22 City/State 27 City & State
Pompano Beach **Pompano Beach**

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country
33060 **USA** **33060** **USA**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

TITONE, ANTHONY J.
7471 W OAKLAND PARK BLVD
SUITE 110
LAUDERHILL FL 33319

81 Name **MICHAEL J. COHEN**
82 Street Address (P.O. Box Number is Not Acceptable)
517 SW 1ST AVE
83
84 City State 85 Zip Code
Fort Lauderdale **FL** **33301**

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 *Michael J. Cohen* DATE **4/4/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERNI, DORA	12 NAME	
STREET ADDRESS	61 SEAVIEW AVE #D-33	13 STREET ADDRESS	
CITY- ST- ZIP	STAMFORD CT	14 CITY- ST- ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTTINI, LOUIS P., JR.	22 NAME	
STREET ADDRESS	2711 NE 46TH ST.	23 STREET ADDRESS	
CITY- ST- ZIP	L.H.P. FL	24 CITY- ST- ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTTINI, JEAN	32 NAME	
STREET ADDRESS	2865 N DIXIE HWY	33 STREET ADDRESS	
CITY- ST- ZIP	POMPANO BCH. FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(2)(b), 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 trustee 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 in an attachment with an addition.

SIGNATURE: *Janice P. Sottini* DATE **4/4/95** 305 946 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)