

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686822 (8)

1. Corporation Name
NICHOLAS A. CAPUTO, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **233 SECOND STREET
C/O NICHOLAS A. CAPUTO
HOLLY HILL FL 32117**
Mailing Address: **233 SECOND STREET
C/O NICHOLAS A. CAPUTO
HOLLY HILL FL 32117**

3. Date Incorporated or Qualified 09/08/1980	3a. Date of Last Report 06/03/1994
4. FEI Number 59-2028157	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for franchise fees under § 199.005 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
3. City, A State 22	3. City & State 27
4. City, A State 23	4. City & State 28
5. City, A State 24	5. City, A State 29
6. City, A State 25	6. City, A State 30

9. Name and Address of Current Registered Agent
**CAPUTO, NICHOLAS A.
233 SECOND STREET
HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above named corporation admits the 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.

INITIALS: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS CAPUTO, NICHOLAS A. 233 SECOND ST. HOLLY HILL FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE		4. CITY, STATE	
TITLE	VDT CAPUTO, NICHOLAS A. 233 SECOND ST. HOLLY HILL FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, STATE		8. CITY, STATE	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE		12. CITY, STATE	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE		16. CITY, STATE	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE		20. CITY, STATE	

14. I, the undersigned, certify that the information given above with this filing is voluntarily furnished and is not required for the exemption stated in Sections 119.071 and 119.072, Florida Statutes. I further certify that the information given above is the annual report or the general annual report in form and complete and that my registration with the state will be effective as if made as by statute. I am an officer or director of the corporation or the receiver or trustee (as provided) to whom this report is required by Chapter 119, Florida Statutes, and that my name appears in Part 1, or Part 13, of the report, as certified herein with my address.

SIGNATURE: *Nicholas A. Caputo*
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR)
NICHOLAS A. CAPUTO

6/27/95 904/253-4535