

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 # **F54781 (2)**

1. Corporation Name

CUILLO ENTERPRISES, INC.



Principal Place of Business: **2345 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409**
Mailing Address: **2345 OKEECHOBEE BLVD. 11780 U.S. HIGHWAY ONE, SUITE 300 WEST PALM BEACH FL 33409 US**

3. Date Incorporated or Qualified: **12/21/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2816400**
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: **21**
2a. Mailing Address: **26 2345 Okeechobee Blvd.**
Suite, Apt. #, etc.: **22**
City & State: **23 West Palm Beach, FL**
Zip: **24 33409** Country: **25 U.S.**

g. Name and Address of Current Registered Agent: **FHS CORPORATE SERVICES INC. 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408**
10. Name and Address of New Registered Agent: **81 Name**
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD CUILLO, ROBERT S 2301 OKEECHOBEE BLVD. W PALM BEACH FL	1.1 TITLE	<input type="checkbox"/> DELETE
NAME		1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	2345 Okeechobee Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	T SCHLACKS, STEVEN 2345 OKEECHOBEE BLVD. W PALM BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	T Hotary, Michael
STREET ADDRESS		2.3 STREET ADDRESS	2345 Okeechobee Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	VAS CUILLO, ROBERT A 2301 OKEECHOBEE BLVD. WEST PALM BCH FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2345 Okeechobee Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *Michael Hotary* Michael Hotary 4-29-96 (407) 478-3509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)