

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
 Sep 10 1998 8:00 am  
 Secretary of State



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

**DOCUMENT # J61707 (2)**  
 1. Corporation Name  
**LUKE BROTHERS, INC.**



Principal Place of Business  
**7906 CONGRESS STREET  
 NEW PORT RICHEY FL 34853  
 US**

Mailing Address  
**6415 CORONET DR  
 NEW PORT RICHEY FL 34855**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip  
 24  
 Country  
 25

2a. Mailing Address  
 26  
**P.O. BOX 967**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
**NEW PORT RICHEY, FL**  
 Zip  
 29  
**34656-0967**  
 Country  
 30  
**USA**

3. Date Incorporated or Qualified  
**03/12/1987**

4. FEI Number  
**59-2794794**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LUCADANO, DAVID J  
 7234 PURSLEY DR., APT D  
 NEW PORT RICHEY FL 34853**

10. Name and Address of New Registered Agent  
 81 **N DAVID J. LUCADANO**  
 82 Street Address (P.O. Box Number is Not Applicable)  
**7936 CONGRESS ST.**  
 83  
 84 City **NEW PORT RICHEY FL** 85 Zip Code **34653**

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 position of registered agent.  
 SIGNATURE *David J. Lucadano Pres.* **DAVID J. LUCADANO, PRESIDENT 8-24-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WICK, CHRISTOPHER M</b>	
STREET ADDRESS	<b>1208 WOODBINE DR.</b>	
CITY-ST-ZIP	<b>BAYONET PT. FL 34887</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCADANO, DAVID J</b>	
STREET ADDRESS	<b>7234 PURSLEY DR. APT D</b>	
CITY-ST-ZIP	<b>NEW PT. RICHEY FL 34853</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCADANO, PETER</b>	
STREET ADDRESS	<b>4129 WOOD TRAIL BLVD.</b>	
CITY-ST-ZIP	<b>NEW PT. RICHEY FL 34655</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>4631 ROWE DRIVE</b>	
2.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
3.1 TITLE	<b>VP, D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ERNEST P. LUCADANO</b>	
4.3 STREET ADDRESS	<b>6415 CORONET DR.</b>	
4.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
5.1 TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MICHAEL C. BOYETTE</b>	
5.3 STREET ADDRESS	<b>3003 FORRESTAL CT.</b>	
5.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**700002636827**  
**-09/11/98--01025--006**  
**\*\*\*61.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E034 (10/97)