

**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**

1995 FEB -6 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K85020 (1)**  
1. Corporation Name  
**ARRIGO ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**2101 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33409**

**600001401536**  
**-02/09/95--01042--013**  
**\*\*\*\*208.75 \*\*\*\*208.75**  
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/01/1989	02/15/1994
22		27		4. FEI Number	Applied For
23		28		65-0117477	Not Applicable
24		25		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BALDWIN, CARRY & SCHIEN 301 CLEMATIS STREET, SUITE 300 WEST PALM BCH FL 33401				81 Name	James J Arrigo		
				82 Street Address (P.O. Box Number is Not Acceptable)	2101 Okeechobee Blvd		
				83			
				84 City	West Palm Beach	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: DATE: 1/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGO, JAMES J	1.2 NAME	
STREET ADDRESS	2701 VILLAGE BLVD., #403	1.3 STREET ADDRESS	2740 Tecumseh
CITY- ST- ZIP	W. PALM BCH. FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGO, JOHN J	2.2 NAME	
STREET ADDRESS	4307 43RD WAY	2.3 STREET ADDRESS	10285 Allamanda Blvd
CITY- ST- ZIP	W. PALM BCH. FL	2.4 CITY- ST- ZIP	Palm Beach Gardens, FL 33410
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGO, VIRGINIA M.	3.2 NAME	
STREET ADDRESS	2701 VILLAGE BLVD., #403	3.3 STREET ADDRESS	2805 Antietam Lane
CITY- ST- ZIP	YULEE FL	3.4 CITY- ST- ZIP	West Palm Beach, FL 33409
TITLE		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		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		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 110.07(3)(d), 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: DATE: 1-27-95