

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
 AND
 FILED

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1997 AUG -5 PM 2:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K85020 (1)

1. Corporation Name
ARRIGO ENTERPRISES, INC.



Principal Place of Business 2101 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33409	Mailing Address 2101 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 05/01/1989	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0117477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARRIGO, JAMES J
2101 OKEECHOBEE BLVD.
WEST PALM BCH FL 33409

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARRIGO, JAMES J	
STREET ADDRESS	2740 TECUMSEH	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARRIGO, JOHN J	
STREET ADDRESS	10285 ALLAMANDA BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ARRIGO, VIRGINIA M.	
STREET ADDRESS	2805 ANTIETAM LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2101 Okeechobee Blvd.
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2101 Okeechobee Blvd.
2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2101 Okeechobee Blvd.
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500002262856-00
5.4 CITY-ST-ZIP	-08/11/97--01056--021
5.5 NAME	****173.75 ****173.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

288
 8/15/97

01-02-97 511-683-1511

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TELEPHONE (561) 683-1511

July 17, 1997

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs:

Recently, I received a second notice regarding the 1997 Profit Corporation Annual Report. This letter is to inform you that the original filing was done January 2, 1997 and was mailed January 3, 1997. I send all mail certified and have a signed receipt that you received the packet on January 6, 1997. According to our bank statements the check has not cleared. Per conversation with a representative from your office, I am forwarding a new application with a new check and copies of all paperwork filed in January including a copy of the certified letter receipt. Please process as soon as possible.

If there are any questions please call.

Sincerely,

Virginia M. Arrigo
Controller

VMA/db