FILE NOW: FILING FEE AFTER MAY 1 IS $22[illegible].00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000078405 (6)**

1. Corporation Name
ALTIERI ECLECTIC SERVICE, INC.

Principal Place of Business
2090 POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address
2090 POWERLINE ROAD
POMPANO BEACH FL 33069

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 County
30

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
04/06/1995

4. FEI Number
65-0458976
☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALTIERI, CARL
2155 NW 37 AVE
COCONUT CREEK FL 33066

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 Section 617.0502 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 617.0505, Florida Statutes.

SIGNATURE DATE

OFFICERS AND DIRECTORS

12.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ALTIERI, CARL
2090 POWERLINE ROAD
POMPANO BEACH FL 33069

☐ DELETE

TITLE
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is true, accurate and complete. I/We further certify that the information indicated on this report or supplemental 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: Carl L. Altieri 4/21/96 (954) 969-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Area Code & Daytime Phone #

CR2E034 (12/95)

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