

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000009906 (6)

1. Corporation Name

THERESA CAROLLO INTERIORS, INC.



Principal Place of Business

853 VANDERBILT BEACH RD.
SUITE 306
NAPLES FL 33960

Mailing Address

853 VANDERBILT BEACH RD.
SUITE 306
NAPLES FL 34108-8748

2. Principal Place of Business

21

Suite, Apt. #, etc.

SUITE 350

City & State

23

Zip

34108

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

SUITE 350

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

02/07/1996

4. FEI Number

65-0463504

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

AUSTIN, ARLENE F
4250 TAMiami TRAIL NORTH
SUITE 302
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5811 PELICAN BAY BLVD

SUITE 206A

84 City

FL

85 Zip Code

34108

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

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 ☐ DELETE

NAME CAROLLO, THERESA
STREET ADDRESS 783 TRAMORE LANE
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME CAROLLO, THOMAS
STREET ADDRESS 783 TRAMORE LANE
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 853 VANDERBILT BCH RD
1.3 STREET ADDRESS SUITE 350
1.4 CITY-ST-ZIP NAPLES, FL 34108

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SAME

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-97 941 5978833

Date

Daytime Phone #

0413845

CR2E034 (9/96)