

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

SEVEN - 1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52296 (3)

1. Corporation Name
4515 PROPERTIES, INC.

Principal Place of Business C/O WERNER KRAUSE SIEMENS PRINTING SYSTEMS 4515 S. OCEAN BLVD. HIGHLAND BEACH FL 33487 US	Mailing Address WERNER KRAUSE SIEMENS PRINTING SYSTEM 5500 W BROKEN SOUND BLVD BOCA RATON FL 33487-3502 US
---	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 04/14/1994
--	--

2. Principal Place of Business 21 4515 S. Ocean Blvd	2a. Mailing Address 26 4515 S. Ocean Blvd
--	---

4. FEI Number 65-0357585	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
---------------------------	---------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
--	---------------------------------------

City & State 23 Highland Beach, FL	City & State 28 Highland Beach, FL
--	--

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

Zip 24 33487	Country 25 USA	Zip 29 33487	Country 30 USA
------------------------	--------------------------	------------------------	--------------------------

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

**KRAUSE, H. WERNER
5500 BROKEN SOUND BLVD., N.W.
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name Tonio Arcaini
82 Street Address (P.O. Box Number is Not Acceptable) 4515 S. Ocean Blvd
83
84 City Highland Beach, FL
85 Zip Code 33487

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 *Tonio Arcaini* **TONIO ARCAINI** **4/28/95**

4/28/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARCAINI, TONIO 4515 S OCEAN BLVD HIGHLAND BEACH FL	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Highland Beach, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information provided 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 of this report, or on an attachment with an address.

SIGNATURE *Tonio Arcaini* **TONIO ARCAINI** **4/28/95** **305-949-2360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR