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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
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DOCUMENT # 645968 (9)

1. Corporation Name
A. CIRCELLI & SONS, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 3003 GRANADA STREET<br>FORT LAUDERDALE FL 33304 | 3003 GRANADA STREET<br>FORT LAUDERDALE FL 33304 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1979
3a. Date of Last Report: 04/19/1994

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 59-1955669 | ☐ Applied For ☐ Not Applicable |
| 21 | 26 4200 NE 16th Terrace | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 22 | 27 — | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 23 | 28 FORT LAUDERDALE | | |
| Zip / Country | Zip / Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |
| 24 / 25 | 29 33334 / 30 FLORIDA | | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CIRCELLI, ANGELO M.<br>~~3003 GRANADA STREET~~<br>FT. LAUDERDALE FL 33304 | 81 Name: CIRCELLI, ANGELO M.<br>82 Street Address (P.O. Box Number is Not Acceptable): 4200 NE 16th. TERRACE<br>83<br>84 City: FORT LAUDERDALE FL 85 Zip Code: 33334 |

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: Angelo Circelli (PRESIDENT) March 7, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CIRCELLI, ANGELO M. | 1.2 NAME | |
| STREET ADDRESS | 3003 GRANADA STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ 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 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: Angelo Circelli ANGELO M. CIRCELLI 3/7/95 (305) 771-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2565

0211975 CP