I hereby certify that the information indicated on this report or supplemental report is true and accu- oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec above, or on an attachment with all other like empowered.		
SIGNATURE: G. THOMAS CATALUCCI	PRESIDENT	04/01/2016

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: G. THOMAS CATALUCCI

Electronic Signature of Registered Agent

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

**Officer/Director Detail :** DPS Title Title т Name CATALUCCI, G. THOMAS Name CATALUCCI, G. THOMAS 1330 HOLLY HEIGHTS DR., #1 Address 1330 HOLLY HEIGHTS DR., #1 Address City-State-Zip: FORT LAUDERDALE FL 33304-4777 City-State-Zip: FORT LAUDERDALE FL 33304-4777 Title VP Name WILLSIE, JEROLD G Address 1330 HOLLY HEIGHTS DR., #1 City-State-Zip: FORT LAUDERDALE FL 33304-4777

1330 HOLLY HEIGHTS DRIVE, #1 FORT LAUDERDALE. FL 33304-4777 US

# Entity Name: G. THOMAS CATALUCCI, INC.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

1330 HOLLY HEIGHTS DRIVE, #1 FORT LAUDERDALE, FL 33304-4777

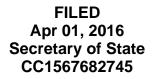
### **Current Mailing Address:**

DOCUMENT# J63593

### FEI Number: 59-2791524

## Name and Address of Current Registered Agent:

CATALUCCI, G. THOMAS 1330 HOLLY HEIGHTS DRIVE, #1 FT. LAUDERDALE, FL 33304-4777 US



Certificate of Status Desired: No

PRESIDENT

Date