

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 30 AM 8:17

DOCUMENT # 165598

(4)

1. Corporation Name

A.J. CAPELETTI, INC.

Principal Place of Business

**16401 NW 58 AVENUE
P O BOX 4944
HALEAH FL 33014**

Mailing Address

**16401 NW 58 AVENUE
P O BOX 4944
HALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1951

3a. Date of Last Report

03/04/1994

4. FEI Number

59-0653642

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MEADOR, DOTTI CAPELETTI
16401 NW 58 AVENUE
HALEAH FL 33014**

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 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

PERENO, A.J.

**1360 MENDAVIA
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VPO

MEADOR, D.C.

**15900 W. PRESTWICK PL
MIAMI LAKES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

SD

GREENWELL, W.R.

**14531 SABAL PALM DR.
HALEAH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

CAPELETTI, J.D.

**4918 EXETER ESTATE LANE
LAKE WORTH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TD

KITCHENS, O.L.

**4600 JACKSON ST.
HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(b), 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:

Dotti Capoletti Meador
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dotti Capoletti Meador, V.P.

5/22/95

Date

305-823-9500

Telephone Number