FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **402820** **(5)**

1. Corporation Name
BUCOLO REAL ESTATE INC.

Principal Place of Business	Mailing Address
2655 N HIATUS RD COOPER CITY FL 33026	2655 N HIATUS RD COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/09/1972	02/16/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-1402253** ☐ 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	10. Name and Address of New Registered Agent
SCRIMA, DONNA M. **2181 N 94TH AVE** **PEMBROKE PINES FL 33024**	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 _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCRIMA, DONNA M.	12 NAME	
STREET ADDRESS	2181 NW 94TH AVE	13 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES, FL 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HUTCHINS, ROSEANN	22 NAME	
STREET ADDRESS	10720 PARIS ST.	23 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCRIMA, BERNARDA	32 NAME	
STREET ADDRESS	2181 NW 94 AVE	33 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	34 CITY ST ZIP	
TITLE	MS	41 TITLE	☐ Change ☐ Addition
NAME	HUTCHINS, CHRISTOPHER A.	42 NAME	
STREET ADDRESS	10720 PARIS ST	43 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 (E) or (D).

SIGNATURE: Donna M Scrima - Donna M. Scrima 4/26/95 (305) 431-2355
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone)

CP