

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 APR 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 676793

(3)

1. Corporation Name

ROBERT H. PETRUCCI, INC.

Principal Place of Business

Mailing Address

1500 S.W. 5 CT. BLDG. #100
POMPANO BCH. FL 33069

1500 S.W. 5 CT. BLDG. #100
POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/24/1980

3a. Date of Last Report
03/01/1994

4. FEI Number
59-1775557

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

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1701 NW 62nd St

2a. Mailing Address

26 1701 NW 62nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Ft Laud, Fl

City & State

28 Ft Laud, Fl

24 Zip 33309

Country

25 Broward

Zip

29 33309

Country

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETRUCCI, EVELYN
1500 S.W. 5 CT., BLDG. #10G
POMPANO BCH. FL 33069

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PETRUCCI, ROBERT H
STREET ADDRESS 2941 NW 112 AVE
CITY - ST - ZIP CORAL SPRINGS FL

TITLE DST
NAME PETRUCCI, EVELYN
STREET ADDRESS 2941 NW 112 AVE
CITY - ST - ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Evelyn Petrucci
EVELYN PETRUCCI

4-14-95

(305) 772-2333