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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:14

DOCUMENT # 704646 (9)

1. Corporation Name
OPTIMIST INTERNATIONAL MACFARLANE INC.

Principal Place of Business	Mailing Address
3101 N. HOWARD AVE. TAMPA FL 33607 US	P.O. BOX 4902 TAMPA FL 33677 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1962
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-6168859 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ARCURI, NICK
1317 ZELLWOOD DRIVE
BRANDON FL 33511

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ARCURI , NICK	1.2 NAME		
STREET ADDRESS	1317 ZELLWOOD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	PULEO, ERNEST	2.2 NAME	Ardilio Benitez	
STREET ADDRESS	6310 JULIE ST.	2.3 STREET ADDRESS	2931 Main St.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	CLUKEY, LLOYD E.	3.2 NAME		
STREET ADDRESS	8516 CLAONIA STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LETO, FRANK	4.2 NAME		
STREET ADDRESS	2619 ST. CONRAD STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PULEO, PETE	5.2 NAME		
STREET ADDRESS	2702 W. BIRD ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BENITEZ, ARDILIO	6.2 NAME	Lillian Arcuri	
STREET ADDRESS	2931 MAIN STREET	6.3 STREET ADDRESS	1317 Zellwood Dr.	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Brandon, FL 33511	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nick Arcuri Pres. 01/17/95 (813) 684-3155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Nick Arcuri, President

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