

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

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JAN 18 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FOGLIA ENTERPRISES, INC.

DOCUMENT #
G67337 (7)

Mailing Address
1791 BLOUNT ROAD #206
POMPAHO BCH. FL 33069

Principal Place of Business
1791 BLOUNT ROAD #206
POMPAHO BCH. FL 33069

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/01/1983		3a. Date of Last Report 06/01/1993	
4. FEE Number 59-2362686		5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐		Applied For Not Applicable	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent A. THOMAS CONNICK, ESQ. P.O. BOX AD 411 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441				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			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/S/T FOGLIA, JOSEPH A. 1791 BLOUNT RD #206 POMPAHO BCH. FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	100001393131 -01/30/95--01067--002 ****225.00 ****225.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D FOGLIA, JOSEPH A. 1791 BLOUNT RD #206 POMPAHO BCH. FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 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 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning information properly imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1.95 305-974-1500