

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H29352 (2)
1. Corporation Name
CAPPELLETTI MANAGEMENT COMPANY, INC.



Principal Place of Business
5420 SW 65TH RD.
SUITE 2
MIAMI FL 33155

Mailing Address
P.O. BOX 557007
MIAMI FL 33255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1984

2. Principal Place of Business 21 31551 SW 193 AVE.	2a. Mailing Address 26	4. FEI Number 59-2471687	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State 23 Homestead, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24 33030	Country 25 DADE	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 Yes No	

9. Name and Address of Current Registered Agent

BLITT, ISIDORE IRA
10621 N KENDALL DRIVE
SUITE 120
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	PD
NAME	CAPPELLETTI, DENNIS	1.2 NAME	CAPPELLETTI, DENNIS
STREET ADDRESS	5420 SW 65TH RD	1.3 STREET ADDRESS	31551 SW 193 AVE.
CITY-ST-ZIP	S MIAMI FL	1.4 CITY-ST-ZIP	Homestead, FL. 33030
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 appointed 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 addendum.

SIGNATURE:

[Signature]

4/1/98

CR2E034 (10/97)