

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J13859 (0)

1. Corporation Name

CHARLES A. MACALUSO CONSULTING, INC.



Principal Place of Business

Mailing Address

3816 SW BIMINI CIRCLE
PALM CITY FL 34980

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PALM CITY FL 34980

3. Date Incorporated or Qualified

05/12/1986

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2664008

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

GRAY, WILLIAM J.
900 ALFRED DUPONT BLDG
169 EAST FLAGLER STREET
MIAMI FL 33131

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 officer, director, or registered agent

(If 13b Registered Agent signature, required when re-instating)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE <input type="checkbox"/>
NAME	MACALUSO, CHARLES A.	
STREET ADDRESS	3816 SW BIMINI CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	ST	DELETE <input type="checkbox"/>
NAME	MACALUSO, ARLENE D.	
STREET ADDRESS	3816 SW BIMINI CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
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TITLE		DELETE <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Macaluso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 1996 407-220-1914
Date Daytime Phone #

CR2E034 (3/96)