

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # J47662

(8)

A. LOVAGLIO, INC.

Place and Date of Registration		Mailing Address		
% ANN MARIE LOVAGLIO 9391 NW 33 MANOR SUNRISE FL 33351		% ANN MARIE LOVAGLIO 9391 NW 33 MANOR SUNRISE FL 33351		
2. Name & Address of Business		2a. Mailing Address		
21	26	Suite, Apt. #, etc.		
22		27	City & State	
23		28		
24	25	29	30	
9. Name and Address of Current Registered Agent				
LOVAGLIO, ANN MARIE 9391 NW 33RD MANOR SUNRISE FL 33321				
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 607.0922 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 <i>Ann Marie Lovaglio</i> and I accept the obligations of Sections 607.0926, Florida Statutes.				
SIGNATURE				
12. OFFICERS AND DIRECTORS				
DP LOVAGLIO, ANN MARIE 9391 NW 33RD MANOR SUNRISE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection afforded by Chapter 119, Florida Statutes. I further certify that the information contained on this original 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 officer or director of the corporation or the recorder or trustee empowered to execute the report as required by Chapter 119, Florida Statutes, and that my signature on Block 12 or Block 13 is changed or crosshatched with all address.				
SIGNATURE: <i>Ann Marie Lovaglio</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR <i>Ann Marie Lovaglio</i>				

22 APR 15 1995 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(See Back of Form for Space)

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/1986	04/14/1994
4. FEI Number	Applied For 59-2764934 Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection afforded by Chapter 119, Florida Statutes. I further certify that the information contained on this original 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 officer or director of the corporation or the recorder or trustee empowered to execute the report as required by Chapter 119, Florida Statutes, and that my signature on Block 12 or Block 13 is changed or crosshatched with all address.

5/12/95 742-7017