

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48176

(8)

1. Corporation Name

DAN MUGGEO PHOTOGRAPHY, INC.

Principal Place of Business

**1001 YAMATO RD SUITE 406
BOCA RATON FL 33487**

Mailing Address

**1001 YAMATO RD SUITE 406
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 05/01/1994
4. FBI Number 59-2772288	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	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Zip	29. Zip
25. Zip	30. Zip

9. Name and Address of Current Registered Agent

**MUGGEO, DANIEL A.
% DAN MUGGEO PHOTOGRAPHY
1001 YAMATO RD SUITE 406
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Section 199.032, Florida Statutes, the above-named corporation certifies the statement for the purpose of changing its registered office or registered agent on file in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment of registered agent. I am authorized to sign and accept this statement. I am the duly authorized officer.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME P MUGGEO, DANIEL A. STREET ADDRESS 2351 TIMBERCREEK CIR. NW CITY, ST. ZIP BOCA RATON FL	☐ Change ☐ Addition
NAME V CARRATELLI, ROBERT STREET ADDRESS 10398 CANOE BROOK CIR CITY, ST. ZIP BOCA RATON FL	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST. ZIP 	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the owner or person empowered to prepare this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 on the filing being prepared or on an attachment without an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5-1-95

407-241-0066