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AND
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95 MAY -1 AM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J63774** (0)
1. Corporation Name
ARNONE BUILDING AND DESIGN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6265 W. SAMPLE ROAD SUITE 224 CORAL SPRINGS FL 33067 US

3. Date of Incorporation or Creation **03/20/1987** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. # etc. **26** State, Apt. # etc.

4. FPI Number **59-2318203** Applied For Not Applicable

22 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 City & State 25 Country 29 Zip 30 Country

7. This corporation has liability for intangible tax under S. 199.032, Florida Statute: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAVITZ, BRUCE I.
11440 OKEECHOBEE BLVD, STE 206
ROYAL PALM BCH FL 33411**

81 Name **KRAVITZ, BRUCE I. P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **11440 Okeechobee Blvd.**
83 **Suite 218**
84 City **Royal Palm Beach FL** 85 Zip Code **33411**

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]* **BRUCE I KRAVITZ** **APRIL 27, 1995**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ARNONE, GREGORY L.
STREET ADDRESS	6265 WEST SAMPLE ROAD, #224
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	TSD
NAME	ARNONE, PAMELA SMITH
STREET ADDRESS	6265 WEST SAMPLE ROAD, #224
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	D
NAME	KRAVITZ, BRUCE
STREET ADDRESS	11440 OKEECHOBEE BLVD, #206
CITY, ST, ZIP	ROYAL PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.071 (6)(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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached copy, with an address.

SIGNATURE: *[Signature]* **BRUCE I KRAVITZ, DIR.** **APRIL 27, 1995** (407) **795-5373**