

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90197 042 ***150.00

DOCUMENT # K05837

1. Corporation Name

CAMPANELLI BROS. OF FLORIDA, INC.

Principal Place of Business

C/O RICHARD W MORRISON
P O BOX 11025
FORT LAUDERDALE FL 33339

Mailing Address

C/O RICHARD W MORRISON
P O BOX 11025
FORT LAUDERDALE FL 33339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1987

4. FEI Number

65-0020692

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LEONARD, C. GLENN
4875 N. FEDERAL
HWY 10TH FL.
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME CAMPANELLI, ALFRED
STREET ADDRESS 4875 N. FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DVS ☐ DELETE

NAME CAMPANELLI, NICHOLAS
STREET ADDRESS ONE CAMPANELLI DR
CITY-ST-ZIP BRAINTREE MA

TITLE DPT ☐ DELETE

NAME CAMPANELLI, JOSEPH
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VP ☐ DELETE

NAME GULLA, DOMINIC
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☐ DELETE

NAME GULLA, DOMINIC
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 empowered 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 20 1999

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