

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

SE MAY -1 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L21087** (6)

1. Corporation Name

**MIKE C. CAPPELLETTI CONSTRUCTION, INC.**

Principal Place of Business

50 SE FOURTH AVE  
DELRAY BEACH FL 33483

Mailing Address

50 SE FOURTH AVE  
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**10/06/1989**

3a. Date of Last Report  
**04/18/1994**

2. Principal Place of Business

21

2b. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

ZIP

24

Country

29

ZIP

Country

30

4. FEI Number  
**65-0217623**

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 franchise tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HILL, D. DOUGLAS  
440 E SAMPLE RD  
STE 207  
POMPANO BCH. FL 33064**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits the 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 of Special Agent for Service of Process) (Type, print, and address of Special Agent for Service of Process)

(Signature of Registered Agent or Authorized Representative) (Type, print, and address of Registered Agent or Authorized Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME: **DP CAPPELLETTI, MIKE C.**  
12 STREET ADDRESS: **50 SE FOURTH AVE**  
13 CITY, ST, ZIP: **DELRAY BEACH FL**

14 TITLE:  Change  Addition

11 NAME: **STD CAPPELLETTI, MIKE**  
12 STREET ADDRESS: **50 SE FOURTH AVE**  
13 CITY, ST, ZIP: **DELRAY BEACH FL**

14 TITLE:  Change  Addition  
15 NAME: **TERESA CAPPELLETTI**  
16 STREET ADDRESS: **50 SE FOURTH AVE**  
17 CITY, ST, ZIP: **DELRAY BEACH FL**

11 NAME:   
12 STREET ADDRESS:   
13 CITY, ST, ZIP:   
14 TITLE:  Change  Addition

15 NAME:   
16 STREET ADDRESS:   
17 CITY, ST, ZIP:   
18 TITLE:  Change  Addition

11 NAME:   
12 STREET ADDRESS:   
13 CITY, ST, ZIP:   
14 TITLE:  Change  Addition

15 NAME:   
16 STREET ADDRESS:   
17 CITY, ST, ZIP:   
18 TITLE:  Change  Addition

11 NAME:   
12 STREET ADDRESS:   
13 CITY, ST, ZIP:   
14 TITLE:  Change  Addition

15 NAME:   
16 STREET ADDRESS:   
17 CITY, ST, ZIP:   
18 TITLE:  Change  Addition

11 NAME:   
12 STREET ADDRESS:   
13 CITY, ST, ZIP:   
14 TITLE:  Change  Addition

15 NAME:   
16 STREET ADDRESS:   
17 CITY, ST, ZIP:   
18 TITLE:  Change  Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that I am duly qualified for the appointment stated in Section 199.0306, Florida Statutes. I further certify that the information included on the 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 of Block 11 if changed, or on an attachment with an address.

SIGNATURE:

*Michael C. Cappelletti / Michael C. Cappelletti*  
PRESIDENT

4/29/95

305-675-0227