

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L21087 (6)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**50 SE FOURTH AVE  
DELRAY BEACH FL 33483**

**50 SE FOURTH AVE  
DELRAY BEACH FL 33483**

3. Date incorporated or Qualified **10/06/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **440 E SAMPLE RD**

26 **440 E SAMPLE RD**

4. FEI Number **65-0217623** Applied For  Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 207**

27 **Suite 207**

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

City & State

City & State

23 **POMPANO Bch FL**

28 **POMPANO Bch FL**

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

Zip

Country

Zip

Country

24 **33064**

25 **BROWARD**

29 **33064**

30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<b>D. P. CAPPELLETTI, MIKE C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPPELLETTI, MIKE C.</b>	1 2 NAME	<b>CAPPELLETTI, MIKE C.</b>
STREET ADDRESS	<b>50 SE FOURTH AVE</b>	1 3 STREET ADDRESS	<b>440 E SAMPLE RD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1 4 CITY-ST-ZIP	<b>POMPANO Bch FL</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	2 1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THERESA CAPPELLETTI</b>	2 2 NAME	<b>THERESA CAPPELLETTI</b>
STREET ADDRESS	<b>50 SE FOURTH AVE</b>	2 3 STREET ADDRESS	<b>440 E SAMPLE RD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2 4 CITY-ST-ZIP	<b>POMPANO Bch FL</b>
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3 2 NAME	<b>BRIGGS CAPPELLETTI</b>
STREET ADDRESS		3 3 STREET ADDRESS	<b>440 E SAMPLE RD</b>
CITY-ST-ZIP		3 4 CITY-ST-ZIP	<b>POMPANO Bch FL</b>
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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 119.07(3)(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; 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.

SIGNATURE: Michael C. Cappelletti / Michael C. Cappelletti 4/9/96 954-675-0227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)