FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 10 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65765** **(4)**

1. Corporation Name
CARUSO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7 OLD KINGS ROAD, UNIT #28 PALM COAST FL 32137	7 OLD KINGS ROAD, UNIT #28 PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1990**	3a. Date of Last Report: **01/27/1994**
4. FEI Number: **59-3006206**	☐ 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. 199.052 Florida Statutes. ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

CARUSO, CROCIFISSO
5 CLEVELAND COURT
PALM COAST 32137

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARUSO, GRAZIELLA
STREET ADDRESS	5 CLEVELAND CT.
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	CARUSO, CROCIFISSO
STREET ADDRESS	5 CLEVELAND CT.
CITY-ST-ZIP	PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank; ☐ Change ☐ Addition)

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)(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.

SIGNATURE: Crocifisso Caruso — 5/4/95 — (904) 446-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0403935 FP