

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

APPROVED AND FILED

MAY 11 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L92108 (4)
1. Corporation Name
CAPELLI & CO. INTERNATIONAL, INC.

Principal Place of Business: **29 OLD KINGS ROAD N SUITE 3-A PALM COAST FL 32137**
Mailing Address: **29 OLD KINGS ROAD N SUITE 3-A PALM COAST FL 32137**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified:	3a. Date of Last Report:
21	26	08/09/1990	05/01/1994
22	27	4. FEI Number:	Applied For
23	28	59-3024530	Not Applicable
24	29	5. Certificate of Status Desired:	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/> \$5.00 May Be Added to Fees
		9. This corporation has liability for intangible tax under Chapter 199, Florida Statutes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DELLARATTA, PETER 11 WEDGEWOOD LANE PALM COAST FL 32137		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 607.0502 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____
Name of Registered Agent or Principal Officer of Corporation: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME	PT DELLARATTA, PETER	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	9 VILLAGE LANE	13.2 STREET ADDRESS	
12.3 CITY, ST. ZIP	PALM COAST FL	13.3 CITY, ST. ZIP	
12.4 NAME	VPS DELLARATTA, ANDREA C.	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS	9 VILLAGE LANE	13.5 STREET ADDRESS	
12.6 CITY, ST. ZIP	PALM COAST FL	13.6 CITY, ST. ZIP	
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST. ZIP		13.9 CITY, ST. ZIP	
12.10 NAME		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST. ZIP		13.12 CITY, ST. ZIP	
12.13 NAME		13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST. ZIP		13.15 CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally, for the exemption stated in Section 339.02(3)(b), Florida Statutes, I further certify that the information indicated 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. I shall have an office or residence in the corporation or the receiver or trustee empowered to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block A, or Block B, of the report or my name is included with an address.

SIGNATURE: 
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR