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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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** County: **25** Zip: **29** County: **30**

3. Date Incorporated or Qualified: **08/09/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3024530**
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 § 199.022, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DELLARATTA, PETER
11 WEDGEWOOD LANE
PALM COAST FL 32137**

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 607.0502 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: _____
Signature of Registered Agent or of Registered Office Holder

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME STREET ADDRESS CITY & STATE	PT DELLARATTA, PETER 9 VILLAGE LANE PALM COAST FL	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY & STATE	VPS DELLARATTA, ANDREA C. 9 VILLAGE LANE PALM COAST FL	13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY & STATE		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY & STATE		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY & STATE		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 339.023(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 on the back of the report with my address.

SIGNATURE: *Peter Dellaratta*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR