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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M14597 (2)

1. Corporation Name

S. CHARLES BRUGNETTI & ASSOCIATES, INC.

Principal Place of Business

47 BIRCH DRIVE
HOLLYWOOD FL 33026

Mailing Address

47 BIRCH DRIVE
HOLLYWOOD FL 33026-1103

3. Date Incorporated or Qualified

04/29/1985

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0036263

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. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRUGNETTI, S. CHARLES
47 BIRCH DRIVE
HOLLYWOOD FL 33026

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 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

S. Charles Bruggnetti, President

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BRUGNETTI, S. CHARLES
STREET ADDRESS 47 BIRCH DRIVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE VT ☐ DELETE
NAME BRUGNETTI, ELLYN D.
STREET ADDRESS 12720 VIRTUDES STREET
CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☐ DELETE
NAME BRUGNETTI, GERALDINE M.
STREET ADDRESS 47 BIRCH DRIVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE
NAME BRUGNETTI, CHRISTOPHER C
STREET ADDRESS 11864 N.W. 13TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☒ DELETE
NAME MCSHANE, SANDRA B.
STREET ADDRESS 3600 CODY ROAD
CITY-ST-ZIP SHERMAN OAKS CA

TITLE D ☐ DELETE
NAME BRUGNETTI, PAULA G.
STREET ADDRESS 75 25 60TH STREET
CITY-ST-ZIP GLENDALE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *S. Charles Bruggnetti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 954-431-4027
Date Daytime Phone #

CR2E034 (9/96)