

FILED

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

DOCUMENT # M70908 (2)  
1. Corporation Name  
ANTHONY ARCULEO, INC.

Principal Place of Business  
5614 FORREST ST.  
HOLLYWOOD FL 33021

Mailing Address  
5614 FORREST ST.  
HOLLYWOOD FL 33021-2745

<b>3. Date Incorporated or Qualified</b> 02/29/1988	<b>3a. Date of Last Report</b> 05/01/1996
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4. FEI Number	Applied For
65-0031325	Not Applicable

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

<b>6. Election Campaign Financing</b>		<b>\$5.00</b>	<b>May Be</b>
<b>Trust Fund Contribution</b>	<input type="checkbox"/>		<b>Added to Fees</b>

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

ARCULEO, ANTHONY T.  
5814 FOREST ST.  
HOLLYWOOD FL 33021

<b>B1</b>	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

<b>B5</b>	Zip Code
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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-instaling)

DATE \_\_\_\_\_

## OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELFT
NAME	ARCULEO, ANTHONY T.	
STREET ADDRESS	5814 FORREST STREET	
CITY - ST - ZIP	HOLLYWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST. ZIP	

4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6. TITLE		Change	Addition
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6. NAME

6. STREET ADDRESS

0.8 STREET ADDRESS

6. CITY-ST-ZIP \_\_\_\_\_  
for the exemption.

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 23 if changed, or on an attachment with an address.

**SIGNATURE** \_\_\_\_\_

CR2E034 (9/96)