

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

STATE OF FLORIDA  
 1995



DEPARTMENT OF REVENUE  
 CORPORATION DIVISION

APPROVED  
 AND  
 FILED

'95 MAR -1 PM 1:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000029515 (2)

PULEO'S THREE, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
6861 SW 18TH ST SUITE L101 BOCA RATON FL 33433 US		1160 SW 21ST AVE BOCA RATON FL 33486 US		04/22/1993	03/29/1994
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number	Applied For
25	26	27	28	29	30
25	26	27	28	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PULEO, ROBERT 1160 SW 21ST AVE BOCA RATON FL 33486				01. Name	
				02. Street Address (P.O. Box Number is Not Acceptable)	
				03.	
				04. City	
				FL 05. Zip Code	
11. Pursuant to the provisions of Sections 607.0503 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 of Registered Agent or Registered Agent and Board Corporate)

(Signature of Registered Agent (signature required when registering))

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P PULEO, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	1160 SW 21ST AVE.	1.2 NAME	
12.3 CITY, ST, ZIP	BOCA RATON FL	1.3 STREET ADDRESS	
12.4 TITLE	ST	1.4 CITY, ST, ZIP	
12.5 NAME	P PULEO, GLORIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	1160 SW 21 AVE.	2.2 NAME	
12.7 CITY, ST, ZIP	BOCA RATON FL	2.3 STREET ADDRESS	
12.8 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY, ST, ZIP		3.3 STREET ADDRESS	
12.12 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY, ST, ZIP		4.3 STREET ADDRESS	
12.16 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY, ST, ZIP		5.3 STREET ADDRESS	
12.20 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY, ST, ZIP		6.3 STREET ADDRESS	
12.24 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I declare to be valid, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. If I am an officer or director of this corporation or the owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Part 12 or Part 13 of this report or is an officer or director with my address.

SIGNATURE:

*Gloria Puleo*  
 (Signature and Title of Director or Officer of Corporation)

2/13/95 (407)750-6058  
 (Date) (Signature)