SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043538 (6)

NICHOLAS V PUGLISI, P.A.

Principal Place of Business Mailing Address

FILED Jul 28 1997 8:00am Secretary of State



621 ONTARIO AVE TAMPA FL 33606 US		621 ONTARIO AVE TAMPA FL 33606		DO NOT WRITE	IN THIS SPACE		
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1993 08/15/1996			
2. Principal Place of Business 21 (A) (ONTARI) AVE. 26 (62) 6NT				#NE	4. FEI Number	5	Applied For
21 ON ONTARIO AVE. 26 ON Suite, Apt. #, etc.			INIGO	AUC	59-3190837	Not Applicable \$8.75 Additional	
22 27 Suite, Apt. #, etc.					5. Certificate of Status Desired		Required
City & State 23 TAMAL FL.		City & State 28 Thurph. FL.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 3 3606 25 HIWSBOR 29 3 3606 3				Country 8. This corporation owes or has paid the current year Inlangible Personal Property 1ax due June 30. No 10. Name and Address of New Registered Agent			
10d Named							
PUGLISI, NICHOLAS V. 621 ONTARIO AVE				NIC	HOLAS V. KUGUSI		
TAMPA FL 33606				2 Street Addr	ess (PO, Box Number is Not Acceptab	le)	
			8	3			
			8	1 / 1/10	MPA	FL 85 ₹	3604
11. Pursuant t	to the provisions of Sections 607.050°	and 607.1508, Florida Statu	utes, the abo	ve-named corp	oration submits this statement for the pion's board of directors. I hereby accept	urpose of changing	g its registered
agent la	n lamily with, and accept the obligati	ions of Section 607.0505, F	lorida Statut	es.	correspondent and an exercise transcopy descap	122/02	ao regioneres
SIGNATURE	Signature, brush or printed name of registerial agent	aust little if and cable (NC	M. Rogistered A	gent signature requir	ed where reinstaling)	125191	
12.	OFFICERS AND		13.	gr in agrand a radia.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	D DELETE		1 1 1 ITLE			Chang	e Addition
NAME	PUGLISI, NICHOLAS V		1.2 NAM				
STREET ADDRESS	621 ONTARIO AVE			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606	DELETE	1.4 CiTY 2.1 TiTLE			Chang	e Addition
TITLE NAME	ו וויים						c
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	•			- S1 - ZIP			
TITLE	☐ DELETE					☐ Chang	e 🔲 Addition
NAME							
STREET ADDRESS			33 SIRE	ET ADDRESS			
CITY-ST-ZIP			3.4 C/TY 4.1 T/TLE			F-1 21:	
TITLE	DELETE					Chang	e L_ Addition
NAME			4. 2 NAM				
STREET ADORESS				ET AODRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CiTY 5.1 TiTLE			Chano	e Addition
NAME		Last Octob	5.2 NAM			_ Grang	~ LI MUNION
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP			5.4 C/TY				
TITLE		☐ DELFTE	6.1 TITLE			Chang	e 🔲 Addition
NAME			6.2 NAM				
STREET ADORESS			G 3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CFTY	-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 composition or the exercise 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.