FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000054041 (7)**

1. Corporation Name

CARLUCCI'S INC.

Principal Place of Business	Mailing Address
5650 NW 74 PL. #207 COCONUT CREEK FL 33063	5650 NW 74 PL. #207 COCONUT CREEK FL 33063

2. Principal Place of Business	2a. Mailing Address
21 5370 NW 103 Way	26 5370 NW 103 Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Coral Springs FL	28 City & State: Coral Springs FL
24 Zip: 33076 25 Country: U.S.A.	29 Zip: 33076 30 Country

3. Date Incorporated or Qualified: **09/01/1993**

3a. Date of Last Report: **07/14/1995**

4. FEI Number: **65-0589242** ☐ 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

9. Name and Address of Current Registered Agent

TROIA, ROSARIO
~~5650 NW 74 PLACE #207~~
~~COCONUT CREEK FL 33063~~

10. Name and Address of New Registered Agent

81 Name: ROSARIO TROIA
82 Street Address (P.O. Box Number is Not Acceptable): 5370 NW 103 Way
83
84 City: Coral Springs FL 85 Zip Code: 33076

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] 3/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if agent is changed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TROIA, ROSARIO		1.2 NAME	
STREET ADDRESS	5650 NW 74 PL., #207		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TROIA, AUDREY M		2.2 NAME	
STREET ADDRESS	5650 NW 74 PL., #207		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 3/18/96 954 346-5506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)