

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000054041 (7)**

1. Corporation Name

**CARLUCCI'S INC.**

Principal Place of Business

5870 NW 103 WAY  
CORAL SPRGS FL 33076  
US

Mailing Address

5370 NW 103 WAY  
CORAL SPRGS FL 33076-1785  
US

2. Principal Place of Business

2a. Mailing Address

21  
Suite Apt. #, etc.

26  
Suite, Apt. #, etc.

3a. Date of Last Report  
**03/27/1996**

22  
City & State

27  
City & State

4. FEI Number  
**65-0589242**  
Applied For  
Not Applicable

23  
Zip  
24  
Country

28  
Zip  
29  
Country

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

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

6. Election Campaign Financing  
Trust Fund Contribution  
 **\$5.00** May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**ROSARIO, TROIA  
5370 NW 103 WAY  
CORAL SPRGS FL 33076**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROIA, ROSARIO</b>		1.2 NAME	
STREET ADDRESS	<b>5850 NW 74 PL, #207</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		1.4 CITY-ST-ZIP	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROIA, AUDREY M</b>		2.2 NAME	
STREET ADDRESS	<b>5850 NW 74 PL, #207</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)