

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:26

DOCUMENT # P93000067433 (1)

1. Corporation Name
ALFANO BROTHERS II, INC.

Principal Place of Business: **9739 W. BROWARD BLVD. PLANTATION FL 33324**
 Mailing Address: **9739 W. BROWARD BLVD. PLANTATION FL 33324**

2. Principal Type of Business		2a. Mailing Address		3. Date of Incorporation (2000)	3a. Date of Last Report
21		26		09/23/1993	02/09/1994
22. State Apt. # etc.		27. State Apt. # etc.		4. FID Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. The corporation has liability for intangible tax under § 189.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO

9. Name and Address of Current Registered Agent
**WHITE, ROBERT A
 1401 UNIVERSITY DR.
 SUITE 600
 CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
 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 607.0502 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 NAME	DP ALFANO, JOSEPH	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02 STREET ADDRESS	1600 NW 100 WAY	12 NAME	
03 CITY, ST, ZIP	PLANTATION FL	13 STREET ADDRESS	
04 TITLE	DST	14 CITY, ST, ZIP	
05 NAME	ALFANO, JOHN	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06 STREET ADDRESS	1233 NW 112 WAY	22 NAME	
07 CITY, ST, ZIP	CORAL SPRINGS FL	23 STREET ADDRESS	
08 CITY, ST, ZIP		24 CITY, ST, ZIP	
09 TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY, ST, ZIP		34 CITY, ST, ZIP	
13 TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY, ST, ZIP		44 CITY, ST, ZIP	
17 TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY, ST, ZIP		54 CITY, ST, ZIP	
21 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.071, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that any separate filings for the same reporting period include only such information as is required of the corporation or the officer or director requested to execute this report or report of a partner or officer of the corporation, and that the same appear on Block 12 or Block 13 of a filing in accordance with an address.

SIGNATURE: *John Alfano* **JOHN ALFANO** 1/28/95 505-370-0335