

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000054909 (4)

1. Corporation Name

JAMES R. SACARELLO, P.A.

55 MAR -6 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5804 PORTSMOUTH DR
TAMPA FL 33615

Mailing Address
5804 PORTSMOUTH DR
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report

4. FEI Number

57-325-6655

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUARTE, ANTONIO III
11959 N FLORIDA AVE
TAMPA FL 33612

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
D SACARELLO, JAMES R
12.2 STREET ADDRESS
5804 PORTSMOUTH DR
12.3 CITY- ST- ZIP
TAMPA FL 33615

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY- ST- ZIP

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY- ST- ZIP

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY- ST- ZIP

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY- ST- ZIP

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY- ST- ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY- ST- ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY- ST- ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY- ST- ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 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)(k), 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

JAMES R. SACARELLO

2/12/95

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