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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000047202 (4)

EILEEN NAPOLITANO P.A.

Principal F	Place of Business	Mailing Address					
2800 NE 14TH ST CAUSEWAY #208 POMPANO BEACH FL 33062		2800 NE 14TH ST CAUSEWAY #208 POMPANO BEACH FL 33062					
2 Princips	al Place of Business				 Date Incorporated or Qualified 06/20/1994 	3a. Date of Las 03/23	st Report 1/1995
21		2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		26 812 BRING Ave			65-0511111	65-0511111 Not Applica	
22 City & S		Suite, Apt. #, etc / 27 / 0 4			5. Certificate of Status Desired		75 Additional ee Required
23 Zip		28 Pontpano B	ench	JL	Election Campaign Financing Trust Fund Contribution		.00 May Be
24	Country 25	29 3:301.2	Country 30 45	., S.A	8. This corporation has liability for in Florida Statutes Yes	ntangible tax unde	
Name and Address of Current Registered Agent NAPOLITANO, EILEEN				10. Name and Address of New Registered Agent			
				Name			
	O NE 14TH ST	82 Street Addre		dress (P.O. Box Number is Not Acceptable	e)		
	JSEWAY #208		-				
POMPANO BEACH FL 33062			83				
			84	City			Zip Code
or regis familiar	of to the provisions of Sections 607.0502 dered agent, or both, in the State of Floric with, and accept the obligations of, Secti	and 607.1508, Florida Stat ute s, t la. Such change was autho rize d t on 607.0505, Florida Statutes	the above r by the corpo	amed corpo pration's bo	oration submits this statement for the purp and of directors. I hereby accept the appoi		s registered office ed agent. I am
 Signature							5
	Signature, typed or printed name of registered agent in		legistered Ageni	signature requir	ed when reinstang)	DATE	
12.	OFFICERS AND	DIRECTORS 13.			ADDITIONS/CHANGES TO OFFIC		IODS IN 12
TITLE	D	DELETE 1.11				Changi	
NAME	NAPOLITANO, EILEEN	***	1.2 NAME		•	Last Street	
STREET ADDRESS	2800 NE 14TH ST CAUSEW		1.3 STREET /	ADDRESS 8	712 BRING AVE. # 10	4	

CR2E034 (12/95) tion 14 CHY-ST-ZIP POHPANO BCH FL. 33062 TITLE DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7.P 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-S1-ZIP 4.4 CITY - ST - ZIP DELFTE 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 62 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 the 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or fine 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 [tenanged, or on an attachment with an address.]

SIGNATURE:

ISNATURE AND TYPED DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

125/96 954-784-8196