

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000047202 (4)**

1. Corporation Name  
**EILEEN NAPOLITANO P.A.**



Principal Place of Business: **2800 NE 14TH ST CAUSEWAY #208 POMPANO BEACH FL 33062**

Mailing Address: **812 BRINY AVE. 10A POMPANO FL 33062-6319 US**

3. Date Incorporated or Qualified: **06/20/1994**

3a. Date of Last Report: **05/01/1996**

21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a	31	31a	32	32a		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		8. Additional Fee Required		9. May Be Added to Fees		10. Yes/No		11. Applied For		12. Not Applicable		13. \$8.75		14. \$5.00	
<b>812 Briny Ave</b>		<b>812 Briny Ave</b>		<b>65-0511111</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>															
Suite, Apt. #, etc. <b>10A</b>		Suite, Apt. #, etc.																							
City & State <b>POMPANO BEACH FL</b>		City & State																							
Zip <b>33062</b> Country <b>BROWARD</b>		Zip																							

9. Name and Address of Current Registered Agent

**NAPOLITANO, EILEEN**  
~~2800 NE 14TH ST~~  
~~CAUSEWAY #208~~  
**POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name **Eileen NAPOLITANO**

82 Street Address (P.O. Box Number is Not Acceptable) **812 BRINY AVE 10A**

83

84 City **POMPANO BEACH** FL 85 Zip Code **33062**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAPOLITANO, EILEEN</b>	1.2 NAME	
STREET ADDRESS	<b>812 BRINY AVE #104</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Eileen NAPOLITANO** 4/26/97 - 954-497-6573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)