

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P94000047435 (0)

To: Incorporator/Manager

WILLIAM V. CARCIOPPOLO, P.A.

06 MAY - 1 PM '95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**PO BOX 14723
FT LAUDERDALE FL 33302**

Mailing Address
**PO BOX 14723
FT LAUDERDALE FL 33302**

PRINT NAME IN THIS SPACE

3. Date incorporated or created 06/24/1994	3a. Date of Last Report
4. FEE Payment 65,049.8355	Applied For Not Applicable
5. Certificate of Status (checked) ☒	\$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. 109.02, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State of Incorporation	26. State of Mailing Address
22. City & State	27. City & State
23. County	28. County
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CARCIOPPOLO, WILLIAM V
633 S FEDERAL HWY
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (do not box number or P.O. box)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, Secretary of the Department of State, do hereby certify that the above named corporation reports this statement for the purpose of changing its registered office to the registered agent or office 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 hereby authorized to accept the obligations of the corporation under Florida Statutes.

Signature

Signature of the Current Registered Agent (if applicable)

Signature of the New Registered Agent (if applicable)

Signature of the Secretary of State (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
NAME	D CARCIOPPOLO, WILLIAM V	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	PO BOX 14723	2. NAME	
CITY & STATE	FT LAUDERDALE FL 33302	3. STREET ADDRESS	
CITY		4. CITY & STATE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		7. CITY & STATE	☐ Change ☐ Addition
CITY		8. NAME	
NAME		9. STREET ADDRESS	
STREET ADDRESS		10. CITY & STATE	☐ Change ☐ Addition
CITY & STATE		11. NAME	
CITY		12. STREET ADDRESS	
NAME		13. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
CITY		16. CITY & STATE	☐ Change ☐ Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY & STATE		19. CITY & STATE	☐ Change ☐ Addition
CITY		20. NAME	
NAME		21. STREET ADDRESS	
STREET ADDRESS		22. CITY & STATE	☐ Change ☐ Addition
CITY & STATE		23. NAME	
CITY		24. STREET ADDRESS	
NAME		25. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		26. NAME	
CITY & STATE		27. STREET ADDRESS	
CITY		28. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 190.01, Florida Statutes. I further certify that the information is included on this annual report or supplementary annual report as true and accurate and that my corporation shall have the same legal effect as if made under oath. This information is a part of the public record of the Division of Corporations. I am authorized to accept the obligations of the corporation under Florida Statutes, and that my name appears on Block 1 of Block 1 of the report as the attaching address.

SIGNATURE:

William V. Carcioppolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM V. CARCIOPPOLO

4-27-95 (305) 412-5500