FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047435 (0)**

1. Corporate Name

WILLIAM V. CARCIOPPOLO, P.A.

Principal Office Address

PO BOX 14723
FT LAUDERDALE FL 33302

Mailing Address

PO BOX 14723
FT LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **06/24/1994**

3a. Date of Last Report:

21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30

4. FEI Number: **65-049 8355** ☐ 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. Pursuant to Section 607.0502, Florida Statutes: ☐ Yes ☒ No

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 (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 or 617.1008, 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. OFFICER AND DIRECTORS

D
CARCIOPPOLO, WILLIAM V
PO BOX 14723
FT LAUDERDALE FL 33302

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate, and that my electronic 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 above, or on an attachment with an address.

SIGNATURE: *W. Carcioppolo* 4-27-95 (305) 712-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM V. CARCIOPPOLO

0240490 CP