

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057903 (4)**

1. Corporation Name

LAW, PULERI & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

8041 W MCNAB RD
TAMARAC FL 33321

8041 W MCNAB RD
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

4. FEI Number

65-0508285

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. The 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

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PULERI, CHARLES
8041 W MCNAB RD
TAMARAC FL 33321

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 of Present Registered Agent and Fee # applicable)

(NOTE: Registered Agent signature required after 12/31/95)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **PULERI, CHARLES**
STREET ADDRESS: **8041 W MCNAB RD**
CITY, ST, ZIP: **TAMARAC FL 33321**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

Change Addition

TITLE: **D**
NAME: **LAW, DAVID**
STREET ADDRESS: **8041 W MCNAB RD**
CITY, ST, ZIP: **TAMARAC FL 33321**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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:

Charles Puleri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Puleri

4/12/95 305
721 4048
Expire 1 Year