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FILED

Feb 27 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 # P95000013044 (9)

1. Corporation Name

A.W. DISTEFANO, INC.



Principal Place of Business

4260 N.W. 1ST AVE.  
# 55  
BOCA RATON FL 33431

Mailing Address

4260 N.W. 1ST AVE.  
# 55  
BOCA RATON FL 33431-4264

2. Principal Place of Business

21 4301 OAK CIRCLE

Suite, Apt. #, etc.

22 SUITE #1

City & State

23 BOCA RATON, FL.

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 4301 OAK CIRCLE

Suite, Apt. #, etc.

27 SUITE #1

City & State

28 BOCA RATON, FL.

Zip

29 33431

Country

30 USA

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

02/13/1996

4. FEI Number

65-0563489

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DISTEFANO, ARLENE M  
4260 N.W. 1ST AVE.  
# 55  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

DISTEFANO, ARLENE M

82 Street Address (P.O. Box Number is Not Acceptable)

4301 OAK CIRCLE

83

SUITE #1

84 City

BOCA RATON,

FL

85 Zip Code

33431

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DISTEFANO, ARLENE M  
STREET ADDRESS 4260 N.W. 1ST AVE., # 55  
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR  
1.2 NAME DISTEFANO, ARLENE M  
1.3 STREET ADDRESS 4301 OAK CIRCLE SUITE #1  
1.4 CITY-ST-ZIP BOCA RATON, FL. 33431

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-394-4622

CR2E034 (9/96)