## **ジルタ** 18 2439 () FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

## DOCUMENT # P95000015473 (8)

ROY ARIGO INC.

**SIGNATURE:** 

Principal Place of Business Mailing Address  8351 NW 5TH ST CORAL SPRINGS FL 33071  CORAL SPRINGS FL 33071-8749					
				3. Date Incorporated or Qualified 02/24/1995	3a. Date of Last Report 02/27/1996
<del>_</del> -, ·	lace of Business	2a. Mailing Address	11.	4. FEI Number	Applied For
Suite Apt #, otc.		Suite, Apt. #, etc.		65-0559664	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ <b>24</b>	Country	Zip	Country	8. This corporation has liability for in	
29	25 g. Name and Address of Currer		30	Florida Statutes  10. Name and Address of New Reg	Yes No
HEA	RN, JOHN J		81 Name	7 7	77-1
LANA ME ANDO OF				COSARIO / H. H.R. Tess (P.O. Box Number is Not Acceptab	1601R
MIAMI SHORES FL 33138				351 NW AFT	H STREET
			83		
			84 City	500 160	85 Zip Code
44 Durement I	o the new ciner of Sections 607 660	12 and 607 1509 Florida Statute	the above person per	poration submits this statement for the p	FL 3307(
office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the corporal	tion's board of directors. I hereby accep	t the appointment as registered
	in lamillar with, arid accorpt the dolig		ARIO A. A.	2.60 To 3=	24-97
SIGNATURE	Signative, typed or pertent name of registered ago	ent and out 4 approable (NOTE	Registered Agent signature requi		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE	DP	☐ DELETE	11 TITLE		Change Addition
NAME	ARIGO, ROSARIO A JR		1.2 NAME		
STREET ADDRESS	8351 NW 5TH ST CORAL SPRINGS FL-33071		1.3 STREET ADDRESS		
CHY-S1-ZiF Tirl8	D '	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	ARIGO, ELLEN		2 2 NAME	`\	and only and the state of the s
STREET ADDRESS	8351 NW 5TH ST		2 3 STREET ADDRESS	· ·	
CHY-ST ZIP	CORAL SPRINGS FL 33071		2. 4 CITY-ST-ZIP		
THLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY - ST-ZIF TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	**************************************	Change Addition
NAME		Otterie	4.1 MLE 4.2 NAME		CHANGE LI AUDICUIT
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	The second secon	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY - ST- ZIP		Theirte	5 4 CITY - ST - ZIP		Ober
MILE		L_I DELETE	61 TITLE		Change Addition
NAME STREET ADURESS			6.2 NAME		
C-TY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip		
14. Ldo hereb	y certify that the information supplies	d with this filing does not qualify	for the exemption states	in Section 119.07(3)(i), Florida Statutes	. I further certify that the
information Lam an of	n indicated on this annual report or s	supplemental annual report is tri the receiver or trustee empowe	ue and accurate and that ered to execute this repor	i my signature shall have the same legal rt as required by Chapter 607, Florida St	effect as if made under oath; that