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FILED

Mar 20 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 # P95000019305 (8)

1. Corporation Name
GARZARELLI CAPITAL, INC.

Principal Place of Business
%ELAINE GARZARELLI
16661 ECHO HOLLOW CIRCLE
DELRAY BEACH FL 33484
US

Mailing Address
%ELAINE GARZARELLI
16661 ECHO HOLLOW CIRCLE
DELRAY BEACH FL 33484-6977
US



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report
06/18/1996

4. FEI Number
65-0574156

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

GARZARELLI, ELAINE
16661 ECHO HOLLOW CIRCLE
BOCA RATON FL 33484

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

DELRAY BEACH

FL

85 Zip Code

33484

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 ELAINE GARZARELLI President

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1 D
NAME GARZARELLI, ELAINE
STREET ADDRESS 16661 ECHO HOLLOW CIRCLE
CITY-ST-ZIP BOCA RATON FL 33484

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13. ADDITIONS/CHANGES TO OFFICERS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

15 IN 12

Change ☐ Addition ☐

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 97

Date Daytime Phone #

CR2E034 (9/96)