

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026059 (2)

1. Corporation Name

~~LUKS & SANTANIELLO, P.A.~~ LUKS, KOLEOS &
SANTANIELLO, P.A. N.P. 2/22/96



Principal Place of Business

Mailing Address

515 E. LOS OLAS BLVD.
SUITE 1150
FORT LAUDERDALE FL 33301

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FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1995	
4. FEI Number	Applied For
65-0580835	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 ☐
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SANTANIELLO, DANIEL J
515 E. LOS OLAS BLVD.
SUITE 1150
FORT LAUDERDALE FL 33301

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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 (if not applicable)

Signature typed or printed name of registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTANIELLO, DANIEL J	1.2 NAME	
STREET ADDRESS	3250 EMERALD POINT DRIVE, APT. 102-A	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL 33021	1.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LUKS, JACK D	2.2 NAME	
STREET ADDRESS	9585 N.W. 63RD PLACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PARKLAND FL 33076	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	DANIEL KOLEOS
STREET ADDRESS		3.3 STREET ADDRESS	7101 SW 8th ST
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	PLANTATION, FL 33307
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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

JACK D. LUKS, PRES. 4/24/96 954-761-9900

CR2E034 (12/95)