

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96 00000 6147**

1. Corporation Name
WILLIAM M Lolli, Inc.

Principal Place of Business Mailing Address
21810 NW 7th MANOR
Pembroke Pines, FL 33029-1078106

3. Date Incorporated or Qualified **JAN 19 1996** 3a. Date of Last Report

2. Principal Place of Business 21 21810 NW 7th MANOR	2a. Mailing Address 26	4. FEI Number 65-0671910	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 City & State Pembroke Pines FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip 33029	25 Country	29 Zip	30 Country
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William M Lolli
21810 NW 7th MANOR
Pembroke Pines FL 33029

81 Name NO CHANGE
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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	☐ DELETE	11 TITLE NO CHANGE	☐ Change ☐ Addition
NAME William M Lolli		12 NAME	
STREET ADDRESS 21810 NW 7th MANOR		13 STREET ADDRESS	
CITY-STATE-ZIP Pembroke Pines FL 33029		14 CITY-STATE-ZIP	
TITLE Secretary, VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME Leila Pauline Tarlton		22 NAME	
STREET ADDRESS 21810 NW 7th MANOR		23 STREET ADDRESS	
CITY-STATE-ZIP Pembroke Pines FL 33029		24 CITY-STATE-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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*****165.00**

14. I 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 disclosed 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: **William M Lolli** **4-1-97** **954 435 4037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:year

CR2E034 (9/96)