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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000038494 (5)

1. Corporation Name
LUCARELLA'S INC.

Principal Place of Business

Mailing Address

4165 N DIXIE HWY
OAKLAND PARK FL 33334

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OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0750378

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CASTRO, FRANCIS X
2100 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

JEROME SQUADRITO

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

2740 NE 15 STREET

83

84 City

FT. LAUDERDALE

85

Zip Code

33304

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

JEROME SQUADRITO

4/14/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SQUADRITO, JEROME
CITY-ST-ZIP 2740 NE 15TH ST
FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME D
STREET ADDRESS SQUADRITO, ROBERT
CITY-ST-ZIP 3033 NE 20TH AVE
FT LAUDERDALE FL 33306

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/D JEROME SQUADRITO

1.3 STREET ADDRESS 2740 NE 15 ST.

1.4 CITY-ST-ZIP FT. LAUD. FL. 33304

2.1 TITLE V/P/D ☒ Change ☐ Addition

2.2 NAME ROBERT SQUADRITO

2.3 STREET ADDRESS 3033 NE 20 AVE

2.4 CITY-ST-ZIP FT. LAUD. FL 33306

3.1 TITLE S/T ☐ Change ☒ Addition

3.2 NAME MARIA SQUADRITO

3.3 STREET ADDRESS 2740 NE 15 ST.

3.4 CITY-ST-ZIP FT. LAUD. FL 33304

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

MARIA SQUADRITO 4/16/98 41-30-8055

CR2E034 (10/97)