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Apr 04 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 # S51382 (7)

1. Corporation Name
ANTHONY CAPODILUPO FINE ART, INC.



Principal Place of Business
POB 85
HOLLYWOOD FL 33022-0085

Mailing Address
POB 85
HOLLYWOOD FL 33022

3. Date Incorporated or Qualified
05/06/1991

3a. Date of Last Report
03/19/1996

2. Principal Place of Business
21 POB 811586
Suite, Apt. #, etc.

2a. Mailing Address
26 POB 811586
Suite, Apt. #, etc.

4. FEI Number
65-0257557

Applied For
Not Applicable

22
City & State
23 Boca Raton FL

27
City & State
28 BOCA RATON FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Boca Raton FL
Zip
24 33481-1586
Country
25 USA

28 BOCA RATON FL
Zip
29 33481-1586
Country
30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33481-1586
Country
25 USA

29 33481-1586
Country
30 USA

8. 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

CAPODILUPO, ANTHONY
6706-E BOCA PINES TR
BOCA RATON FL 33433

81 Name
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAPODILUPO, ANTHONY 6706-E BOCA PINES TR BOCA RATON FL	1.1 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	SD SOMMER, SANDRA M. 6706-E BOCA PINES TR BOCA RATON FL	2.1 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	TD LARSEN, BONNY L. 3081 N 35 ST HOLLYWOOD FL	3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: *Sandra M. Sommer* AS SECRETARY AND NOT PERSONALLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9/29/97 Daytime Phone #: 561-477-1210

CR2E034 (9/96)