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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business

117 SW 1ST ST



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # S53582

(0)

POZZUOLILUCIANO ARCHITECT, P.A.

Mailing Address

117 SW 1ST ST

**FILED** May 14 1997 8:00am Secretary of State



K. 1.97 KUDONO 1226

DAINA FL 3300 US	Ä	DAINA FL 33004-3603 US						
<b>yo</b>		US			3. Date Incorporated or Qualified 05/17/1991		of Last fi	Report
	lace of Business	2a. Mailing Address			4. FEI Number	1	<del></del>	pplied for
21 3333	5. CONGREGGEN	F26 SAME			65-0268944		No	ot Applicable
Suite April 22 303		Surte, Apl. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	RAY BCH. FL.	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for in			s. <b>19</b> 9.032,
24 234	15 25 USA	29	30				No	
	9. Name and Address of Curren	Registered Agent		7	10. Name and Address of New Reg	istered Ac	jent	
	ZUOLI, JOSEPH D.		81	Name				
	SW 1ST ST		82	Street Add	iress (P.O. Box Number is Not Acceptable	lo)		
DAIN	NA FL 33004				·			
			83					
4			84	City			<b>85</b> Zip	Code
				(M)		FL	23  23	Cook
office or agent. La	to the provisions of Sections 607.050? registered agent, or both, in the State am familiar with, and accept the obliga	P and 607.1508, Florida Statu of Florida. Such change was itions of, Section 607.0505, F	ites, the abov authorized b lorida Statute	o-named con y the corpora s.	poration submits this statement for the pi lion's board of directors. I hereby accep	urpose of c I the appoi	hanging it ntment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	st and title if somewhat (Mf)	The factor based Ac	only consture real	red when reinstaling)	DATE		
12.	OFFICERS AND		1 13.	era s granne rega	ADDITIONS/CHANGES TO OFFICE		NECTOR	2S IN 12
TITLE	OP	DELETE	1.1 101.6	A	residen II.		Change	Addition
NAME	POZZUOLI, JOSEPH D.		1.2 NAME	117	Copil Copil Copil	b '	onango	
STREET ADDRESS	117 SW 1ST ST		i i	I ADDRESS	Sanorianceth	<i>-</i>		~ ~~
CITY-ST-ZIP	DAINA ST			5	333 S.CON 61466	PAUE	アーマ	G 10%
TITLE		DELETE	1.4 CHY- 2.1 THLE		333 S. CONGREGA ELRAY BCH, FL.	<i>7</i> 344	(Change	☐ Addit-on
. NAME		□ bettie					Lilange (L	L_1 Modition
			2.2 NAME					
STREET ADDRESS				LADORESS				
CITY-ST-ZIP		T butte	2. 4 CITY -	\$1 - 2(P		·	7.00	
		☐ DELETE	3.1 THILE			L.	_] Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	I ADDRESS				
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TITLE		☐ DELETE	4.1 TITLE			L	_ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STHFI	ADDRESS	·			
CITY-ST-ZIP			4.4 CITY-	S1 - 7IP				
TITLE		DELETE	511H(F	į		Γ	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STRLE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-1	ST - ZiP				
TITLE		DELFTE	61 TITLE		70 14 3 MA Walland de		Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 \$1REE	ADDRESS				
CITY-ST-ZIP		•	6.4 CITY-1	S1 - <b>2</b> 10				
14. I do herei	by certify that the information capplies on indicated on this annual report	ipp imental annual region is	ify for the exe true and acc	emption stated urate and that	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal	effect as if	l made uni	der oath; that
i am an o	officer or director of the corporation or				rt as required by Chapter 607, Florida St			