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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 553582

1. Corporation Name

Pozzuoli-Luciano Architect, P.A.

Principal Place of Business	Mailing Address
5119 S.W. 93rd. AVE. NE Cooper City, FL. 33328	5119 S.W. 93rd. AVE. Cooper City, FL. 33328

DO NOT WRITE IN THIS SPACE

3. Date Business Began in Florida: 05/17/1991

4. FEI Number: 65-0268944 — Applied For / Not Applicable

5. Good Standing 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 the current year tangible Personal Property Tax: Yes / X No

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

9. Name and Address of Current Registered Agent

Pozzuoli, Joseph D.
5119 S.W. 93rd. AVE
Cooper City, FL. 33328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number(s) 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 certify that the appointed registered agent has agreed to act 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 the date. (Required)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	Pozzuoli, Joseph D.
STREET ADDRESS	5119 S.W. 93rd. AVE.
CITY-ST-ZIP	Cooper City, FL. 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	
71 TITLE	[ ] Change [ ] Add
72 NAME	
73 STREET ADDRESS	
74 CITY-ST-ZIP	
81 TITLE	[ ] Change [ ] Add
82 NAME	
83 STREET ADDRESS	
84 CITY-ST-ZIP	

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****150.00 ****150.00

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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, with all other like empowered.

SIGNATURE: [signature] 3/11/99 954 680-3828

SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #