FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V29908** **(3)**

1. Corporation Name

AQUILINO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4248 CHARING CROSS RD SARASOTA FL 34241 US	4248 CHARING CROSS RD SARASOTA FL 34241 US

3. Date Incorporated or Qualified: **04/15/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 6742 S. Lockwood Ridge Rd
22: Suite, Apt. #, etc.
23: City & State: SARASOTA, FL
24: Zip: 34231
25: Country:

2a. Mailing Address
26: 6742S. Lockwood Ridge Rd.
27: Suite, Apt. #, etc.
28: City & State: SARASOTA, FL
29: Zip: 34231
30: Country:

4. FEI Number: **65-0327046** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AQUILINO, CARL T.
4248 CHARING CROSS RD
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6742 S. Lockwood Ridge Rd
83
84 City: SARASOTA **FL** 85 Zip Code: 34231

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) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	AQUILINO, CARL T		1.2 NAME	
STREET ADDRESS	4248 CHARING CROSS RD		1.3 STREET ADDRESS	6742 S. Lockwood Ridge Rd.
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VPSD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	AQUILINO, RICHARD A		2.2 NAME	2062 PINEHURST ST.
STREET ADDRESS	4248 CHARING CROSS RD		2.3 STREET ADDRESS	~~6742 S. Lockwood Ridge Rd.~~
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 4/20/96 941-925-0951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)