

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
6-5903-4

1995 5-195

APPROVED
123

05/20/1992
05/01/1994
65-0333886

DOCUMENT # **V37688 (1)**
RANDALLO'S, INC.

Principal Office Location: 2516 SW 4TH AVE, BAY 522, FT. LAUDERDALE FL 33315, US
Mailing Address: 2516 SW 4TH AVE, BAY 522, FT. LAUDERDALE FL 33315, US

2. Principal Office Location: 2516 SW 4TH AVE, BAY 522, FT. LAUDERDALE FL 33315, US
21. Date of Report: 05/20/1992
22. City & State: FT. LAUDERDALE, FL
23. City & State: FT. LAUDERDALE, FL
24. City & State: FT. LAUDERDALE, FL

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 05/01/1994
4. FLI Number: 65-0333886
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 attachment by creditor under S. 100.012, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MOFSEN, C.P.A. P HOWARD
6800 W COMMERCIAL BLVD, STE. 4
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent
81 Name: Diane Wilcox
82 Street Address (P.O. Box Number is Not Acceptable):
83 2516 S.W. 4th Avenue
84 City: Fort Lauderdale, FL 85 33315

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation submits this statement for the purpose of changing its registered office to the address and city listed in this report. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE: *Diane D. Wilcox*

12. OFFICERS AND DIRECTORS

OFFICER	PD WILCOX, JOHN R 2516 SW 4TH AVE FT LAUDERDALE FL
OFFICER	VD WILCOX, SCOTT A. 2516 SW 4TH AVE FT LAUDERDALE FL
OFFICER	SD WILCOX, DIANE D 2516 SW 4TH AVE FT LAUDERDALE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Add
						<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that this information supplied on this filing is a true and correct copy of the information stated on the form filed with the Florida Department of State, and that the information is true and correct as of the date of filing of this report. I am a resident of the State of Florida and I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE: *Diane D. Wilcox*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Diane D. Wilcox

4/28/95 205-5211-0425