


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

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 629391 (4)**  
 1. Corporation Name  
**RICHARD L. SAN GIOVANNI, AIA, P.A.**



Principal Place of Business <b>982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714-2054</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1979</b>	3a. Date of Last Report <b>02/13/1996</b>
21	22	26	27	4. FEI Number <b>59-1926875</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip	
25	30	9. Name and Address of Current Registered Agent			

9. Name and Address of Current Registered Agent <b>SAN GIOVANNI, RICHARD L 982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714</b>				10. Name and Address of New Registered Agent				
				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
84	City	<b>FL</b>	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: \_\_\_\_\_ (NOT: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAN GIOVANNI, RICHARD L</b>		1.2 NAME		
STREET ADDRESS	<b>982 DOUGLAS AVE #104</b>		1.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>		1.4 CITY - ST - ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAN GIOVANNI, MARGARET</b>		2.2 NAME		
STREET ADDRESS	<b>982 DOUGLAS AVE #104</b>		2.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Margaret M. San Giovanni* Feb. 4, 1997 (407)682-6707

CR2E034 (9/96)