

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G81674 (5)**
1. Corporation Name
GRANATO, INC.



Principal Place of Business Mailing Address
355 S. WICKHAM ROAD W. MELBOURNE FL 32904

2. Principal Place of Business 2a. Mailing Address
21 Sute, Apt. #, etc. 26 Sute, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified **11/14/1983** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-2344801** 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. 190.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

**GRANATO, ROBERT
3947 ST. ARMENS CIRCLE
MELBOURNE FL 32934**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD GRANATO, ROBERT	2. NAME
STREET ADDRESS 355 S. WICKHAM ROAD	3. STREET ADDRESS
CITY-ST-ZIP W. MELBOURNE FL 32904	4. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	5. TITLE
NAME DST GRANATO, JANET	6. NAME
STREET ADDRESS 355 S. WICKHAM ROAD	7. STREET ADDRESS
CITY-ST-ZIP W. MELBOURNE FL 32904	8. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	9. TITLE
NAME	10. NAME
STREET ADDRESS	11. STREET ADDRESS
CITY-ST-ZIP	12. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	13. TITLE
NAME	14. NAME
STREET ADDRESS	15. STREET ADDRESS
CITY-ST-ZIP	16. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	17. TITLE
NAME	18. NAME
STREET ADDRESS	19. STREET ADDRESS
CITY-ST-ZIP	20. 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 or person 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 affidavit.

SIGNATURE: *Janet H Granato* **4/25/96** **407-723-8710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Effort)

CR2E034 (12/95)