

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H75336 (8)**

1. Corporation Name:

ALBERT M. ESPOSITO & ASSOCIATES, INC.

Principal Place of Business:

**326 MOODY BLVD.
P.O. BOX 1836
FLGLER BCH FL 32136-8836**

Mailing Address:

**326 MOODY BLVD.
P.O. BOX 1836
FLGLER BCH FL 32136-8836**



2. Principal Place of Business:

21 State: **FL**

22 City & State:

23 Zip: County:

24

2a. Mailing Address:

26 State: **FL**

27 City & State:

28 Zip: County:

29 30

9. Name and Address of Current Registered Agent

**ESPOSITO, ALBERT M.
326 MOODY BLVD.
P.O. BOX 1836
FLGLER BCH FL 32136**

3. Date Incorporated or Qualified:

09/10/1985

3a. Date of Last Report:

05/11/1995

4. FCI Number:

59-2578604

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

10. Name and Address of New Registered Agent

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 607.0532 and 607.1504, 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 filing this with and accept the obligations of, Sections 607.1504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME: **PD ESPOSITO, ALBERT M.** DELETE

12.2 STREET ADDRESS: **326 MOODY BLVD., P.O. BOX 1836**

12.3 CITY-STATE-ZIP: **FLGLER BCH FL**

12.4 TITLE: **VTSD** DELETE

12.5 NAME: **WHITE, NANCY C.**

12.6 STREET ADDRESS: **P.O. BOX 766**

12.7 CITY-STATE-ZIP: **FLGLER BCH FL**

12.8 TITLE: DELETE

12.9 NAME:

12.10 STREET ADDRESS:

12.11 CITY-STATE-ZIP:

12.12 TITLE: DELETE

12.13 NAME:

12.14 STREET ADDRESS:

12.15 CITY-STATE-ZIP:

12.16 TITLE: DELETE

12.17 NAME:

12.18 STREET ADDRESS:

12.19 CITY-STATE-ZIP:

12.20 TITLE: DELETE

12.21 NAME:

12.22 STREET ADDRESS:

12.23 CITY-STATE-ZIP:

12.24 TITLE: DELETE

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)(c), Florida Statutes. I further certify that the information included on this annual report or successor 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, employee, or executor, trustee, or agent of the corporation, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 904-439-5783

English/Italian

CR2E034 (12/95)