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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K41478** (4)

1. Corporation Name  
**PASQUALE LAND, INC.**

Principal Place of Business Mailing Address

~~677 EXECUTIVE CENTER DRIVE WEST  
GLADES BUILDING, SUITE 303  
ST. PETERSBURG FL 33702~~ **DELETE**

~~POST OFFICE BOX 2283  
400 2ND AVENUE E. SUITE 1200  
ST. PETERSBURG FL 33742~~ **DELETE**

US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1988**

3a. Date of Last Report: **08/08/1994**

2. Principal Place of Business 2a. Mailing Address

21 **4730 CALHOUN RD** 26 **4730 CALHOUN RD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **PLANT City FL** 27 **PLANT City FL**

City & State City & State

24 **33567** 25 **Hillsborough US** 30 **Hillsborough US**

Zip County Zip County

4. FEI Number: **59-2914969** 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

~~MASCARA, ERNEST L.  
GLADES BLDG. SUITE 303  
677 EXECUTIVE CENTER DR. W  
ST. PETERSBURG FL 33702~~ **DELETE**

10. Name and Address of New Registered Agent

81 Name: **KAREN L. GRUNIG**

82 Street Address (P.O. Box Number is Not Acceptable): **4730 CALHOUN RD**

83

84 City: **PLANT City FL** 85 Zip Code: **33567**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Karen L. Grunig* DATE: **4/26/95**

12. OFFICERS AND DIRECTORS

TITLE: **PSY**

NAME: **BRUSCINO, ANTHONY J.**

STREET ADDRESS: **4247 GADDIE DR. E.**

CITY, ST, ZIP: **BRADENTON FL**

TITLE: **D**

NAME: **BRUSCINO, ANTHONY J.**

STREET ADDRESS: **4247 GADDIE DR. E.**

CITY, ST, ZIP: **BRADENTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition

1.2 NAME:

1.3 STREET ADDRESS: **675 PENFIELD STREET**

1.4 CITY, ST, ZIP: **LONGBOAT KEY, FL 34228**

2.1 TITLE:  Change  Addition

2.2 NAME:

2.3 STREET ADDRESS: **675 PENFIELD STREET**

2.4 CITY, ST, ZIP: **LONGBOAT KEY, FL 34228**

3.1 TITLE:  Change  Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY, ST, ZIP: **7000001475067**

4.1 TITLE:  Change  Addition

4.2 NAME:

4.3 STREET ADDRESS: **-05/04/95--01019**

4.4 CITY, ST, ZIP: **\*\*\*200.00 \*\*\*200.00**

5.1 TITLE:  Change  Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY, ST, ZIP: **SB 4/28**

6.1 TITLE:  Change  Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 proper 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 alternate page, if applicable.

SIGNATURE: *[Signature]* DATE: **4/26/95** **813-2812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR