

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 8:54

DOCUMENT # M02951 (5)

1. Corporation Name
THE DESIMONE CORPORATION

Principal Place of Business Mailing Address
**200 S. BEL AIR DR.
PLANTATION FL 33317** **200 S. BEL AIR DR.
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1984** 3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-2426545** Applied For: Not Applicable
5. Certificate of Status Deigned: **\$6.75 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

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

9. Name and Address of Current Registered Agent
**DESIMONE, SR, EMILIO M.
200 S. BEL AIR DRIVE
PLANTATION FL 33317**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: _____
(Sign as Agent or printed name of registered agent and title of agent.) (Sign as registered agent or printed name of corporation)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DESIMONE SR, EMILIO M
STREET ADDRESS	200 S. BEL AIR DRIVE
CITY, ST, ZIP	PLANTATION FL
TITLE	D
NAME	DESIMONE, BENJAMIN
STREET ADDRESS	69-31 79TH STREET
CITY, ST, ZIP	MIDDLE VILLAGE NY
TITLE	D
NAME	DESIMONE, PATRICK
STREET ADDRESS	7700 NW 20TH COURT
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DESIMONE, PATRICK
3.3 STREET ADDRESS	2432 OCEAN FRONT DR.
3.4 CITY, ST, ZIP	LAS VEGAS, NV. 89120
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Sections 199.02(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and I cover or authorize any person to cover on this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95 (302) 583-4205