

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014770 (0)

1. Corporation Name
DELLAPIETRA & ASSOCIATES, INC.



Principal Place of Business: **15818 ASHBY FIELD ROAD DAVIE FL 33331**
Mailing Address: **15818 ASHBY FIELD ROAD DAVIE FL 33331**

3. Date Incorporated or Qualified: **02/19/1993**
3a. Date of Last Report: **04/04/1995**
4. FLE Number: **65-0389000**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**DELLAPIETRA, CHRISTOPHER P
15818 ASHBY FIELD ROAD
DAVIE FL 33331**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0902 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **PSD**
NAME: **DELLAPIETRA, CHRISTOPHER P**
STREET ADDRESS: **15818 ASHBY FIELD ROAD**
CITY-STATE-ZIP: **DAVIE FL 33331**

2. TITLE: DELETE

3. TITLE: DELETE

4. TITLE: DELETE

5. TITLE: DELETE

6. TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7. TITLE: Change Addition
8. NAME:
9. STREET ADDRESS:
10. CITY-STATE-ZIP:

11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-STATE-ZIP:

15. TITLE: Change Addition
16. NAME:
17. STREET ADDRESS:
18. CITY-STATE-ZIP:

19. TITLE: Change Addition
20. NAME:
21. STREET ADDRESS:
22. CITY-STATE-ZIP:

14. I do hereby certify that the information supplied in 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes or on an attachment with an address.

SIGNATURE: **CHRISTOPHER P. DELLAPIETRA / PRESIDENT** 01-28-96 (305) 434-4940

CR2E034 (12/95)