

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076197 (9)

1. Corporation Name

PAOLI, GALLEGOS & CAPRIO, FINANCIAL CONSULTANTS, INC.



Principal Place of Business

**143 EAST MIAMI AVENUE
VENICE FL 34285**

Mailing Address

**143 EAST MIAMI AVENUE
VENICE FL 34285**

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **209 NASSAU STREET SO**
Suite, Apt. #, etc.

26 **209 NASSAU STREET SO,**
Suite, Apt. #, etc.

4. FEI Number
65-0622506

Applied For
Not Applicable

22 **SUITE 104**

27 **SUITE 104**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **VENICE, FL**

28 **VENICE, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34285** 25 **USA**

29 **34285** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, DAVID S
240 SOUTH PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236**

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 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director (required)

DATE (required Agent signature required when recording)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PRESIDENT LAURENCE H. PAOLI**
STREET ADDRESS **209 NASSAU STREET SO, SUITE 104**
CITY - ST - ZIP **VENICE, FL 34285**

1. TITLE Change Addition
12 NAME **PRESIDENT LAURENCE H. PAOLI**
13 STREET ADDRESS **209 NASSAU STREET SO, SUITE 104**
14 CITY - ST - ZIP **VENICE, FL 34285**

TITLE DELETE
NAME **SECRETARY, TREASURER KAREN A. GALLEGOS**
STREET ADDRESS **209 NASSAU STREET SO SUITE 104**
CITY - ST - ZIP **VENICE, FL 34285**

2. TITLE Change Addition
22 NAME **SECRETARY TREASURER KAREN A GALLEGOS**
23 STREET ADDRESS **209 NASSAU STREET SO, SUITE 104**
24 CITY - ST - ZIP **VENICE, FL 34285**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 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 address.

SIGNATURE: **Laurence H. Paoli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

941-485-1414

CR2E034 (12/95)