

**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 # P95000076201 (9)

1. Corporation Name  
**PAOLI, GALLEGOS & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS**



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: 09/29/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0616375  
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: [X] Yes [ ] No

2. Principal Place of Business  
21 209 NASSAU STREET SO., SUITE 104, VENICE, FL 34285  
22 SUITE 104  
23 VENICE, FL  
24 34285  
25 USA  
26 209 NASSAU STREET SO., SUITE 104, VENICE, FL 34285  
27 SUITE 104  
28 VENICE, FL  
29 34285  
30 USA

9. Name and Address of Current Registered Agent  
WATSON, DAVID S  
240 SOUTH PINEAPPLE AVENUE  
TENTH FLOOR  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0602 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: [Blank] (Print or typed name of registered agent and title, if applicable) (Date) [Blank] (Print or typed name of registered agent and title, if applicable) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT [ ] DELETE
NAME	LAWRENCE H. PAOLI
STREET ADDRESS	209 NASSAU STREET SO., SUITE 104
CITY - ST - ZIP	VENICE, FL 34285
TITLE	SECRETARY, TREASURER [ ] DELETE
NAME	KAREN A. GALLEGOS
STREET ADDRESS	209 NASSAU STREET SO., SUITE 104
CITY - ST - ZIP	VENICE, FL 34285
TITLE	[ ] DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]
TITLE	[ ] DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]
TITLE	[ ] DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESTIGIST [X] Change [ ] Addition
1.2 NAME	LAWRENCE H. PAOLI
1.3 STREET ADDRESS	209 NASSAU STREET SO., SUITE 104
1.4 CITY - ST - ZIP	VENICE, FL 34285
2.1 TITLE	SECRETARY, TREASURER [X] Change [ ] Addition
2.2 NAME	KAREN A. GALLEGOS
2.3 STREET ADDRESS	209 NASSAU STREET SO., SUITE 104
2.4 CITY - ST - ZIP	VENICE, FL 34285
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	[Blank]
3.3 STREET ADDRESS	[Blank]
3.4 CITY - ST - ZIP	[Blank]
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	[Blank]
4.3 STREET ADDRESS	[Blank]
4.4 CITY - ST - ZIP	[Blank]
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY - ST - ZIP	[Blank]
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY - ST - ZIP	[Blank]

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: Lawrence H. Paoli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LAWRENCE H. PAOLI  
DATE: 4-19-96 DAYTIME PHONE: 941-485-1414

CR2E034 (12/95)