

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 # P95000089729 (4)

1. Corporation Name
COLELLA & ASSOCIATES, INC.



Principal Place of Business: **805 SMOKERISE BOULEVARD PORT ORANGE FL 32127**
Mailing Address: **805 SMOKERISE BOULEVARD PORT ORANGE FL 32127**

3. Date Incorporated or Qualified: **11/27/1995**
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **59-3345806**
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
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **JAMES C. COLELLA**
82 Street Address (P.O. Box Number is Not Acceptable): **805 SMOKERISE BLVD**
83
84 City: **PORT ORANGE** FL 85 Zip Code: **32127**

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: *James C. Colella* *James C. Colella* *President* **12 April 1996**

12. OFFICERS AND DIRECTORS
1. TITLE: **PTD** DELETE
2. NAME: **COLELLA, JAMES C**
3. STREET ADDRESS: **805 SMOKERISE BOULEVARD**
4. CITY-ST-ZIP: **PORT ORANGE FL 32127**
5. TITLE: **VSD** DELETE
6. NAME: **COLELLA, BEVERLY J**
7. STREET ADDRESS: **805 SMOKERISE BOULEVARD**
8. CITY-ST-ZIP: **PORT ORANGE FL 32127**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE Change Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP
5. 5. TITLE Change Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-ST-ZIP
9. 9. TITLE Change Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. 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: *Beverly J. Colella* **April 15, 1996** **904-322-9080**
Beverly J. Colella Vice President

CR2E034 (12/95)