

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000036764 (4)

1. Corporation Name
SASSO & BODOLAY, P.A.



Principal Place of Business
**3090 HAVERFORD DRIVE
CLEARWATER FL 34621**

Mailing Address
**3090 HAVERFORD DRIVE
CLEARWATER FL 34621-4025**

3. Date Incorporated or Qualified **04/26/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 2600 M'CORMICK DRIVE		26 2600 M'CORMICK DRIVE		59-3318344		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 SUITE 240		27 SUITE 240		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 CLEARWATER FL		28 CLEARWATER FL					
Zip		Zip					
24 34619		29 34619					
Country		Country					
25 U.S.A.		30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SASSO, ANDREW B 3090 HAVERFORD DRIVE CLEARWATER FL 34621				81 Name SASSO, Andrew B.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2600 M'CORMICK DR, SUITE 240			
				83			
				84 City CLEARWATER FL 85 Zip Code 34619			

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 **ANDREW B. SASSO, DIR./PRES.** DATE **4.21.97**

Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, ANDREW B	1.2 NAME	
STREET ADDRESS	3090 HAVERFORD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, S+T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODOLAY, TERESA S	2.2 NAME	
STREET ADDRESS	12001 9TH ST. NO STE 2408 <small>NEW ADDRESS →</small>	2.3 STREET ADDRESS	1308 ROXBURY DRIVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33716 <small>→</small>	2.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CR2E034 (9/96)