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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000099587 (3)

1. Corporation Name
BIANCO & MANSFIELD, P.A.



Principal Place of Business: 8300 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653
Mailing Address: 8300 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653-3112

3. Date Incorporated or Qualified: 12/06/1996
3a. Date of Last Report
4. FEI Number: 59-3418521
Applied For: Not Applicable
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
MANSFIELD, DECLAN P
8300 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653

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 607.0502 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: D
1.2 NAME: BIANCO, FRANK P
1.3 STREET ADDRESS: 8300 MASSACHUSETTS AVENUE
1.4 CITY-ST-ZIP: NEW PORT RICHEY FL 34653
2.1 TITLE: D
2.2 NAME: MANSFIELD, DECLAN P
2.3 STREET ADDRESS: 8300 MASSACHUSETTS AVENUE
2.4 CITY-ST-ZIP: NEW PORT RICHEY FL 34653

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(i), 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 or authorized agent of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: [Signature] DATE: 5/27/97

CR2E034 (9/96)