

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

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000062309 (4)

1. Corporation Name
BIANCE ASSOCIATES, INC.



Principal Place of Business
2375 CENTERVILLE ROAD TALLAHASSEE FL 32308

Mailing Address
2375 CENTERVILLE ROAD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5442 Easton Pointe Way

2a. Mailing Address
26 5442 Easton Pointe Way

Suite, Apt. #, etc.
22

City & State
23 Tallahassee, FL

City & State
27 Tallahassee, FL

Zip
24 32311

Country
25 US

Zip
29 32311

Country
30 US

3. Date Incorporated or Qualified
07/15/1997

4. FEI Number
59-3461742

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GLOVER, RICHARD A
2375 CENTERVILLE ROAD
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
Michael C. Biance

82 Street Address (P.O. Box Number is Not Acceptable)
5442 Easton Pointe Way

83

84 City
Tallahassee

85 Zip Code
FL 32311

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]* **Michael C. Biance** **X 4/13/98**

Signature type for current name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	BIANCE, MICHAEL C
STREET ADDRESS	5442 EASTON POINTE WAY
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	BIANCE, LINDA D
CITY-ST-ZIP	5442 EASTON POINTE WAY
	TALLAHASSEE FL 32311
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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 *[Signature]* **Michael C. Biance** **X 4/13/98**

CR2E034 (10/97)