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FILED

May 12 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 # P94000040632 (9)

1. Corporation Name
DESANTI & ASSOCIATES, INC.



Principal Place of Business

3558 MAGELLAN CR.
NO. 131
N. MIAMI BEACH FL 33180

Mailing Address

3558 MAGELLAN CR.
NO. 131
N. MIAMI BEACH FL 33180-3708

2. Principal Place of Business

21 5237 SE INKWOOD WAY

Suite, Apt. #, etc.

22 City & State

23 HOBE SOUND, FL

Zip

24 33455

Country

25 MARTIN

2a. Mailing Address

26 5237 SE INKWOOD WAY

Suite, Apt. #, etc.

27 City & State

28 HOBE SOUND, FL

Zip

29 33455

Country

30 MARTIN

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

12/27/1996

4. FEI Number

65-0492705

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 No

9. Name and Address of Current Registered Agent

DESANTI, CHARLES W
3558 MAGELLAN CR.
NO. 131
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name DESANTI, CHARLES W
82 Street Address (P.O. Box Number is Not Acceptable)
5237 SE INKWOOD WAY
83
84 City HOBE SOUND FL 85 Zip Code 33455

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

CHARLES W DESANTI

4-18-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DESANTI, LISA T	
STREET ADDRESS	3558 MAGELLAN CR., #131	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	D	DELETE
NAME	DESANTI, CHARLES W	
STREET ADDRESS	3558 MAGELLAN CR., #131	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	DESANTI, LISA T.		
1.3 STREET ADDRESS	5237 INKWOOD WAY		
1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455		
2.1 TITLE	D	Change	Addition
2.2 NAME	DESANTI, CHARLES W		
2.3 STREET ADDRESS	5237 SE INKWOOD WAY		
2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. DESANTI 4-18-97

Date

Daytime Phone # 561-219 8467

CR2E034 (9/96)