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 # **389442** **(5)**

1. Corporation Name

CARASTRO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2609 DELEON ST. TAMPA FL 33609	2609 DELEON ST. TAMPA FL 33609

3. Date Incorporated or Qualified: **09/10/1971**

3a. Date of Last Report: **03/22/1995**

4. FEI Number: **59-1384902** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CARASTRO,SAM
1909 RICHARDSON PLACE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Carastro, Paul S.

82 Street Address (P.O. Box Number is Not Acceptable): 5412 S. Sellas Street

83

84 City: Tampa, FL 85 Zip Code: 33611

11. Pursuant to the provisions of Section 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: _____ Paul S. Carastro, President 4-1-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when new agent is named) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARASTRO, SAM		1.2 NAME	
STREET ADDRESS	2609 DELEON ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARASTRO, GLORIA		2.2 NAME	
STREET ADDRESS	2609 DELEON ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	PT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARASTRO, PAUL		3.2 NAME	
STREET ADDRESS	2609 DELEON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRAKOW, FREDERICK S.		4.2 NAME	
STREET ADDRESS	2609 DELEON STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ERICSON, DALE L.		5.2 NAME	
STREET ADDRESS	2609 DE LEON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MAC FERRAN, ERNEST L.		6.2 NAME	
STREET ADDRESS	2609 DE LEON STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ Paul S. Carastro 4-1-96 (813) 874 9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #