

**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 # 476920 (4)**  
1. Corporation Name  
**BOB SASSANO INC.**



Principal Place of Business: **600 ISLAND DRIVE KEY LARGO FL 33037**  
Mailing Address: **600 ISLAND DRIVE KEY LARGO FL 33037**

3. Date Incorporated or Qualified: **05/28/1975**  
3a. Date of Last Report: **03/15/1995**  
4. FEI Number: **59-1596320** 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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

9. Name and Address of Current Registered Agent  
**SASSANO, BOB  
600 ISLAND DRIVE  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 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 607.07 05, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent signature requires witness registration.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSANO, ROBERT	1.2 NAME	
STREET ADDRESS	600 ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY LARGO FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHRIDGE, SUSAN	2.2 NAME	
STREET ADDRESS	600 ISLAND DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY LARGO FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSANO, MICHAEL	3.2 NAME	
STREET ADDRESS	600 ISLAND DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY LARGO FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSANO, JOHN B	4.2 NAME	
STREET ADDRESS	600 ISLAND DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY LARGO FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, LISA M.	5.2 NAME	
STREET ADDRESS	600 ISLAND DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY LARGO FL	5.4 CITY-STATE-ZIP	
TITLE	DST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSANO, SHIRLEY	6.2 NAME	
STREET ADDRESS	600 ISLAND DRIVE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY LARGO FL	6.4 CITY-STATE-ZIP	

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

SIGNATURE: *Shirley Sassano* **SHIRLEY SASSANO** 4/8/96 (305) 451-1556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)