

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

**FILED**  
**Mar 27 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 # 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 33037-4808**

3. Date Incorporated or Qualified: **05/28/1975**      3a. Date of Last Report: **04/11/1996**  
 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. State, Apt. #, etc.:      22. City & State:      23. Zip:      24. Country:  
 2a. Mailing Address: 26. State, Apt. #, etc.:      27. City & State:      28. Zip:      29. 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:      85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SASSANO, ROBERT	
STREET ADDRESS	600 ISLAND DRIVE	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ETHRIDGE, SUSAN	
STREET ADDRESS	600 ISLAND DRIVE	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSANO, MICHAEL	
STREET ADDRESS	600 ISLAND DRIVE	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSANO, JOHN B	
STREET ADDRESS	600 ISLAND DRIVE	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENSLEY, LISA M.	
STREET ADDRESS	600 ISLAND DRIVE	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SASSANO, SHIRLEY	
STREET ADDRESS	600 ISLAND DRIVE	
CITY - ST - ZIP	KEY LARGO FL	

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 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 contained 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: *Shirley Sassano*      **SHIRLEY SASSANO**      3/24/97 (954) 989-6230  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)