

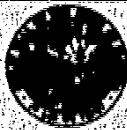
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra D. Northen
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 500041 (9)

**1. Corporation Name
SANSONE CORPORATION**

**Principal Place of Business
1800 N.W. 18TH STREET
POMPANO BEACH FL 33069**

**Mailing Address
1800 N.W. 18TH STREET
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/30/1976 3a. Date of Last Report 05/01/1994

4. FBI Number 59-1662481 ☐ 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. Country 28. Zip 30. Country

9. Name and Address of Current Registered Agent

**SANSONE, ROBERT
4280 NE 23RD AVE. LIGHTHOUSE PT
LIGHTHOUSE POINT FL 33064**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE C
NAME SANSONE, ROBERT N.
STREET ADDRESS 4280 N.E. 23RD AVENUE
CITY - ST - ZIP LIGHTHOUSE POINT FL**

**TITLE P
NAME SANSONE, DAVID R.
STREET ADDRESS 6607 N GRANDE DR
CITY - ST - ZIP BOCA RATON FL**

**TITLE V
NAME SANSONE, NICHOLAS
STREET ADDRESS 4836 NW 94TH AVENUE
CITY - ST - ZIP SUNRISE FL**

**TITLE V
NAME SANSONE, SCOTT
STREET ADDRESS 5031 N.W. 78TH PLACE
CITY - ST - ZIP POMPANO BEACH FL**

**TITLE ST
NAME SANSONE, BONNE
STREET ADDRESS 1957 NW 83 DRIVE
CITY - ST - ZIP CORAL SPGS. FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #