

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **500041** (9)  
1. Corporation Name  
**SANSONE CORPORATION**



Principal Place of Business  
**1930 N.W. 18TH STREET  
POMPANO BEACH FL 33069**

Mailing Address  
**1930 N.W. 18TH STREET  
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified **03/30/1976** 3a. Date of Last Report **04/19/1995**  
4. FEI 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANSONE, DAVID  
1930 N.W. 18TH ST.  
POMPANO BEACH FL 33069**

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 of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	SANSONE, ROBERT N.	4260 N.E. 23RD AVENUE	LIGHTHOUSE POINT FL	<input checked="" type="checkbox"/>
P	SANSONE, DAVID R.	6697 N GRANDE DR	BOCA RATON FL	<input type="checkbox"/>
V	SANSONE, NICHOLAS	4836 NW 94TH AVENUE	SUNRISE FL	<input type="checkbox"/>
V	SANSONE, SCOTT	5031 N.W. 76TH PLACE	POMPANO BEACH FL	<input type="checkbox"/>
ST	SANSONE, BONNIE	1957 NW 83 DRIVE	CORAL SPGS. FL	<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**300001829763**  
**-05/20/96--01054--065**  
**\*\*\*200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID R. SANSONE**

**4/18/96**

**(954) 977-5188**

CR2E034 (12/95)