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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 525618 (5)

1. Corporation Name

JOSEPH J. MERCURIO & ASSOCIATES, INC.



Principal Place of Business

713 S. ORANGE AVENUE
P.O. BOX 15590
SARASOTA FL 34277

Mailing Address

P.O. BOX 15590
P.O. BOX 15590
SARASOTA FL 34277-1590
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

MERCURIO, JOSEPH J.
713 S. ORANGE AVENUE
P.O. BOX 15590
SARASOTA FL 34277

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 607.0602 and 607.1503, Florida Statutes, the above named corporation solemnly 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Tax Preparer or Other Person Preparing Return

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME
PD
MERCURIO, JOSEPH J.
STREET ADDRESS
713 S. ORANGE AVENUE
CITY-STATE-ZIP
SARASOTA FL

TITLE [] DELETE

NAME
SD
MERCURIO, MARION E.
STREET ADDRESS
713 S. ORANGE AVENUE
CITY-STATE-ZIP
SARASOTA FL

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. 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 included 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 this corporation or the receiver or transfer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is a change or deletion with an address.

SIGNATURE:

Joseph J. Mercurio

Joseph J. Mercurio

4/3/96 (941) 924-6967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)