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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 684584

(6)PETER STRIANO, JR., P.A. Principal Place of Business Mailing Address 2840 N.W. 115TH TERRACE 2840 N.W. 115TH TERRACE CORAL SPRINGS FL 33065-3438 **CORAL SPRINGS FL 33065** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1980 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2069235 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Ζιρ Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STRIANO, PETER JR. 2840 N.W. 115TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 94 City 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: type and pricted name of migistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE MULF STRIANO, PETER JR. NAME 1.2 NAME 2840 N.W. 115TH TERRACE 1.3 STREET ADDRESS STREET ADORESS **CORAL SPRINGS FL 33065** CITY - ST- ZIP 1.4 CITY-ST-ZIF Addition DELETE Change 21 TITLE TITLE NAM² 22 NAME STREET ADDRESS 2.3 STREET ADORESS 2 4 CHTY-ST-ZIP CITY - S1 - ZIF DELETE Change ■ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ACCRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP OTY- \$1-7/P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS. 6.4 CITY - ST - ZIP CHY-ST-7₽

FILED Jan 24 1997 8:00am Secretary of State

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 information information information information 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.

PRESIDENT) 1/15/97

96/6) **12E034**