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PROFIT CORPORATION ANNUAL REPORT



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

1996

F70899

(2)

DOCUMENT #
1. Corporation Name

MARIE ALICE CRANO, P.A.

				····		BOLDING WEELD		BIBIT BIBIT 1881
Principal Place	of Business	Mailing Address						
P O BOX 186 P O BOX 1								
LAKE WALES FL 33859-7186		LAKE WALES FL 338	59-7186				te of Last Report 02/21/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For
21		26	26		59-2170934 Not A		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h 		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	——————————————————————————————————————		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zro	Country	28 Zip	Cour	itn.	8. This corporation has liability for it	ntanoitila tav		
Zip 24	25	29	30	y	Florida Statutes Yes		Unidoi 3	155.002,
	9. Name and Address of Curre		130		10. Name and Address of New R		aent	
	g. Harrie and Radioss of Carre	The Flogistic Co. Figure		81 Name	, , , , , , , , , , , , , , , , , , , ,			
CRANO	MARIE ALICE							
	S. HWY 27 SOUTH		82 Stre		Address (P.O. Box Number is Not Acceptable)			
	ALES FL 33853			В3			-,	
				B4 City			85 Zi	p Code
						<u>FL</u>		
or registere	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authori	ized by the co	orporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	ointment as r	egistered	d agent. I am
SIGNATURE -	Signature, typed or printed name of registered age	at and title if ancierable (A	1027	Agent signature require		DATE		
		ти дата опе в арфикация.	IOTE: Hagistereo /	Agent signature require				
12.		ND DIRECTORS	13.	Agent signarure require	ADDITIONS/CHANGES TO OFFI	CERS AND I		
	DP					CERS AND I	DIRECTO Change	ORS IN 12 Addition
12.	DP CRANO, MARIE ALICE	ND DIRECTORS	13.	LE.		CERS AND I		
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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: Marie Cleice Craud

3-12-96 941-638-1447