

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F72232 (4)

1. Corporation Name

RALPH D. DENUZZIO & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**6100 BOULEVARD OF CHAMPIONS
NORTH LAUDERDALE FL 33068
US**

**6100 BOULEVARD OF CHAMPIONS
NORTH LAUDERDALE FL 33068
US**

3. Date Incorporated or Qualified
03/24/1982

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **6100 Boulevard of Champions**
Suite, Apt. #, etc.

26 **6100 Boulevard of Champions**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **North Lauderdale, FLA**

28 **North Lauderdale, FLA**

24 Zip

Country

29 Zip

Country

24 **33068**

25 **Broward**

29 **33068**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENUZZIO, RALPH D
6100 BOULEVARD OF CHAMPIONS
NORTH LAUDERDALE FL 33068**

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]

Ralph D. Denuzzio

4/26/96

Signature typed or printed name of registered agent and corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENUZZIO, RALPH D	
STREET ADDRESS	8961 N LAKE DASHA DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DENUZZIO, EDITH	
STREET ADDRESS	8961 N LAKE DASHA DR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PROUD, DONALD P.	
STREET ADDRESS	6100 BOULEVARD OF CHAMPIONS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph D. Denuzzio

954-969-5100

DATE

DATE/PHONE

CR2E034 (12/95)