

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
CORPORATION DIVISION

FILED  
MAY 10 1995

DOCUMENT # **F93000004035 (2)**

MAY 10 AM 10:25

**GIULIANI ASSOCIATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Office Address <b>902 ALBEE RD NOKOMIS FL 34275 US</b>	2. Mailing Address <b>902 ALBEE RD NOKOMIS FL 34275 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>09/03/1993</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FFI Number <b>22-2278583</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JOHNSTON, CHARLES C/O TAYLOR, DAY &amp; RIO 10 SOUTH NEWMAN STREET JACKSONVILLE FL 32202</b>				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 607.0812 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such a 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 607.0812, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
12.1 NAME: <b>GIULIANI, JOSEPH A</b> STREET ADDRESS: <b>1136 RUISDAEL CIR.</b> CITY, STATE, ZIP: <b>NOKOMIS FL</b>	13.1 NAME	13.2 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: <b>GIULIANI, PHILLIP W</b> STREET ADDRESS: <b>426 CROSS ST.</b> CITY, STATE, ZIP: <b>N. FT. MYERS FL</b>	13.2 NAME	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: <b>FISCHER, DIANA</b> STREET ADDRESS: <b>902 ALBEE RD.</b> CITY, STATE, ZIP: <b>NOKOMIS FL</b>	13.3 NAME	13.4 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	13.4 NAME	13.5 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	13.5 NAME	13.6 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	13.6 NAME	13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	13.7 NAME	13.8 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the foregoing stated in law from 111.021(8), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report, true and in compliance with the provisions of the statute 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 registered highest empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed or new annual report with an address.

SIGNATURE: *Diana Fischer* **5/2/95** **513 484-9580**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR