

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 # F94000003913 (0)

1. Corporation Name

ARGOSY PARTNERS, INC.



Principal Place of Business

540 MOORE ROAD
WOODSIDE CA 94062

Mailing Address

885X TREASURE CAY BLVD
ORLANDO FL 32836

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 12016 Turtle Cay Circle

Suite, Apt. #, etc.

27

City & State

28

Orlando, FL

29

32836

30

US

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

10/20/1995

4. FET Number

94-3207520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GIANNONI, GENEVIEVE

885X TREASURE CAY BLVD

ORLANDO FL 32836

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

12016 Turtle Cay Circle

83

84. City

Orlando,

FL

85

Zip Code

32836

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 GENEVIEVE GIANNONI

Signature, typed or printed name of registered agent and state if applicable

(BLOCK) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME GESSOW, ANDREW J
STREET ADDRESS 540 MOORE ROAD
CITY-ST-ZIP WOODSIDE CA 94062

TITLE ~~VSD~~ ☒ DELETE

NAME ~~GESSOW, RHONDA B.~~
STREET ADDRESS ~~540 MOORE ROAD~~
CITY-ST-ZIP ~~WOODSIDE CA 94062~~

TITLE ☐ DELETE

NAME ~~MOORE AD VALLEY PARKWAY STE 202~~
STREET ADDRESS ~~202~~
CITY-ST-ZIP ~~MAVERICK TX 75355-1425~~

TITLE ~~AS~~ ☐ DELETE

NAME ~~VANDERVOORT, DANA~~
STREET ADDRESS ~~2301 WOODSIDE ROAD~~
CITY-ST-ZIP ~~WOODSIDE CA 94062~~

TITLE AS ☐ DELETE

NAME DIROCCO, ANNA M
STREET ADDRESS 885X TREASURE CAY BLVD
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

Anna M. DiRocco

Anna M. DiRocco

03/15/96

(407) 238-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)