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 # G65166 (2)

1. Corporation Name

ALESSANDRINI, INC.

Principal Place of Business	Mailing Address
% LOUIS P. ALESSANDRINI 319 FAIRWAY BLVD. PANAMA CITY BEACH FL 32407	% LOUIS P. ALESSANDRINI 319 FAIRWAY BLVD. PANAMA CITY BEACH FL 32407

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/12/1983
3a. Date of Last Report: 03/21/1995
4. FEI Number: 59-2336705 — 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

ALESSANDRINI, LOUIS P.
319 FAIRWAY BLVD.
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ALESSANDRINI, LOUIS P.	
STREET ADDRESS	14401 W. HWY. 98	
CITY, ST, ZIP	PANAMA CITY BCH. FL	
TITLE	VST	[ ] DELETE
NAME	ALESSANDRINI, BEATRICE	
STREET ADDRESS	14401 W. HWY. 98	
CITY, ST, ZIP	PANAMA CITY BCH. FL	
TITLE	D	[ ] DELETE
NAME	ALESSANDRINI, BEATRICE	
STREET ADDRESS	14401 W. HWY. 98	
CITY, ST, ZIP	PANAMA CITY BCH. FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS (circled)	319 FAIRWAY Blvd	
1 CITY, ST, ZIP	PC BEACH Fl 32407	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS (circled)	319 FAIRWAY Blvd	
2 CITY, ST, ZIP	PCB, Fl 32407	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS (circled)	319 Fairway Blvd	
3 CITY, ST, ZIP	P.C.B FL 32407	
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

CR2E034 (12/95)

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 indicated on this report or supplemental 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: BEATRICE ALESSANDRINI - Beatrice Alessandrini Sec. 4/15/96 904-234-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR