FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # H48210

CUSANO, INC.

(9)

FILED Apr 28 1997 8:00am Secretary of State



Frincipal Flaci	a ni braniesa	MIGHA	Maining Address							
% PEGGY CUSANO 8686 PARK BLYD. UNIT B SEMINOLE FL 34647		8668 P	% PEGGY CUSANO 8668 PARK BLVD. UNIT B SEMINOLE FL 33777-4348						 	
						3. Date Incorporated or Qualified 03/21/1985	3a. Date 03/25			
2. Principal P	lace of Business	2a. M	2a. Mailing Address			4. FEI Number	<u>-1</u>	/	Applied For	
21		26				59-2502318 Not Applicable				
Sulte, Apt. #, etc.		Sı	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27							Required	
City & State			City & State			6. Election Campaign Financing				
Zip	Country	28		Countr		Trust Fund Contribution	Ц			
			Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes No					
24	25 9. Name and Address of Cu	rrent Begister	ad Anent	30		10. Name and Address of New Re				
CHE	ANO, PEGGY			81	Name					
	85TH WAY N.									
	INOLE FL 34647		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)				
OEM	INOUE I'E STOT!			83	3					
				84	City		FL	85 Zij	p Code	
11. Pursuant	to the provisions of Sections 607	0502 and 607	1508 Florida Statu	les the abov	Jve-named co	prporation submits this statement for the p	urpose of c		its registered	
office or re	egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida.	Such change was	authorized b	ov the corpor	ation's board of directors. I hereby accept	t the appoir	ntment a	as registered	
SIGNATURE	ті івіншаг мілі, ала весері іле о	Digations of, a	CHOH 607.000, FI	iorida Statute	38.					
	Signature, typed or printed name of registere				gent signature req	quired when reinstating)	DATE			
12.	OFFICERS PT	AND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	CUSANO, PEGGY		[] DECEIE	1.1 TITLE			L	_) Change	: L_ Addition	
NAME	9987 85TH WAY N.			1.2 NAME						
STREET ADDRESS				. L	T ADDRESS					
CITY-ST-ZIP	SEMINOLE FL VPS	······································	DELFTE	1.4 CITY-		,	— · · ·	Change	Addition	
TITLE	CUSANO, FLORENCE		L" DECEME	2.1 TITLE			Ĺ	_ Change	S MOUNTON	
NAME	7498 85TH LANE N.			2.2 NAME						
STREET ADDRESS	SEMINOLE FL				T ADDRESS					
CITY-ST-ZIP TITLE	OLMINOCE, 1 L		DELETE	2. 4 CITY 3.1 TITLE				Change	Addition	
NAME			C. Decene	3.1 HILE 3.2 NAME			L	onongt	, Lividibon	
STREET ADDRESS					1 ADDRESS	·				
CITY-ST-ZIP				3.4. CITY						
TITLE			DELETE	4.1 TITLE				Change	Addition	
NAME	•			4. 2 NAM			•	3-	- "	
STREET ADDRESS					1 Address					
CITY-ST-ZIP				4.4 CITY-						
TITLE			DELETE	5.1 T/TLE				Change	Addition	
NAME				5.2 NAME				_		
STREET ADDRESS	,				T ADDRESS					
CITY-ST-ZIP				5.4 CITY-						
TITLE			☐ DELF1E	6.1 THE	+			Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS	·				T ADDRESS					
CITY-ST-ZIP				6.4 CITY-						

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 angular 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 tam 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 officer with an address.