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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

H63578 **DOCUMENT #**

(9)

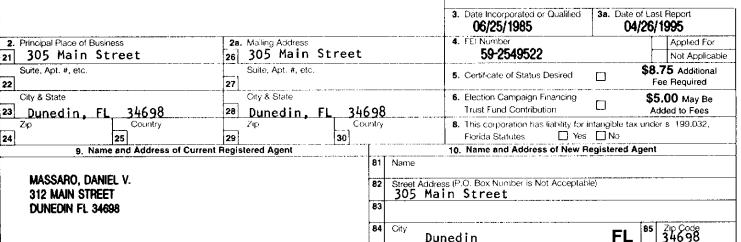
MASSARO & ASSOCIATES, INC.

Principal	Place o	of Business	
•			

Mailing Address

312 MAIN STREET DUNEDIN FL 34698

312 MAIN STREET DUNEDIN FL 34698



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Dunedin

SIGNATURE Signature, typed or prilited name of registered agent and title if application should be in application should								
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PST	DELETE	1 1100	PST	Change	Addition		
NAME	MASSARO, DANIEL V.		1.2 NAME	Daniel V. Massaro				
STREET ADDRESS	312 MAIN ST.		1.3 STREET ADDRESS	305 Main St.				
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY - ST - ZIP	Dunedin, FL 34698				
TITLE	D	☐ DEFELE	2 1 TITLE	D	(X) Change	☐ Add₁tion		
NAME	MASSARO, DANIEL V.		2 2 NAME	Daniel V. Massaro				
STREET ADDRESS	312 MAIN ST.		2.3 STREET ADDRESS	Daniel V. Massaro 305 Main St.				
CITY-ST-ZIP	DUNEDIN FL		2 4 CITY - ST - ZIP	Dunedin, FL 34698				
TITLE	VP	DELETE	3 1 TiTLE	VP	XX Change	Addition		
NAME	SANCHEZ, SERVANDO J		3.2 NAME	Servando J. Sanchez				
STREET ADDRESS	312 MAIN ST		3.3 STREET ADDRESS	305 Main St.				
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY - ST - ZIP	Dunedin, FL 34698				
TITLE		☐ DELETE	4 1 TITLE		Change	Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4.4 CHY - ST-ZIP					
TITLE		☐ DEFELE	5 1 TITLE		☐ Change	Addition Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP					
TITLE		DELETE	6 1 TITLE		Change	Add tion		
NAME			€ 2 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
CITY - ST - ZIP	contify that the information supplies with the	.A	6 4 CITY - ST - ZIP	lify for the exemption stated in Section 119.07(3)(

I do hereby certify that the in certify that the information in oath; that I am an officer or appears in Block 12 or Biol

plemental acrual report is true and accurate and trat my signature shall have the same legal effect as if made under eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNING OFFICER OR DIFFECTOR