

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 # **H63578** (9)

1. Corporation Name
MASSARO & ASSOCIATES, INC.



Principal Place of Business: **312 MAIN STREET DUNEDIN FL 34698**
Mailing Address: **312 MAIN STREET DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **06/25/1985**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2549522**
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

2. Principal Place of Business: **21 305 Main Street**
2a. Mailing Address: **26 305 Main Street**
22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: **Dunedin, FL 34698**
28. City & State: **Dunedin, FL 34698**
24. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent: **MASSARO, DANIEL V. 312 MAIN STREET DUNEDIN FL 34698**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **305 Main Street**
83.
84. City: **Dunedin** FL 85. Zip Code: **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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) _____ (Signature of Registered Agent, typed when registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	<input type="checkbox"/> DELETE	1. TITLE: PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MASSARO, DANIEL V.		12. NAME: Daniel V. Massaro	
STREET ADDRESS: 312 MAIN ST.		13. STREET ADDRESS: 305 Main St.	
CITY-ST-ZIP: DUNEDIN FL		14. CITY-ST-ZIP: Dunedin, FL 34698	
TITLE: D	<input type="checkbox"/> DELETE	2. TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MASSARO, DANIEL V.		22. NAME: Daniel V. Massaro	
STREET ADDRESS: 312 MAIN ST.		23. STREET ADDRESS: 305 Main St.	
CITY-ST-ZIP: DUNEDIN FL		24. CITY-ST-ZIP: Dunedin, FL 34698	
TITLE: VP	<input type="checkbox"/> DELETE	3. TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SANCHEZ, SERVANDO J		32. NAME: Servando J. Sanchez	
STREET ADDRESS: 312 MAIN ST		33. STREET ADDRESS: 305 Main St.	
CITY-ST-ZIP: DUNEDIN FL		34. CITY-ST-ZIP: Dunedin, FL 34698	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-ST-ZIP:		64. 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 of this 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 in an attachment with an address.

SIGNATURE: **4-12-96** **813-736-2550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)