

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J20412 (9)

1. Corporation Name
CLARA SCHIANO CORP.

Principal Place of Business

**362 COMMERCE WAY
SUITE 115
LONGWOOD FL 32750
US**

Mailing Address

**362 COMMERCE WAY
SUITE 115
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/18/1986

3a. Date of Last Report
04/01/1994

4. FEI Number
59-2765884

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SCHIANO, BADIO L.
502 RIVIERA DR
ALTAMONTE SPRINGS FL**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	SCHIANO, BADIO L.
STREET ADDRESS	502 RIVIERA DR
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	TD
NAME	SCHIANO, BADIO L.
STREET ADDRESS	502 RIVIERA DR
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	VPO
NAME	SPINELLI, TOBIA
STREET ADDRESS	572 JOHNS PASS AVE.
CITY - ST - ZIP	MADERIA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Secretary, Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Luong Moc Tran	
2.3 STREET ADDRESS	1181 Lazy Hollow Pl.	
2.4 CITY - ST - ZIP	Winter Park, FL 32792	
3.1 TITLE	Treasurer	☒ Change ☐ Addition
3.2 NAME	Keith Lehmann	
3.3 STREET ADDRESS	659 Killian Cir.	
3.4 CITY - ST - ZIP	Deltona, FL 32738	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (407) 830-5338
Daytime (Area #)