

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 # J34660 (7)

1. Corporation Name
SCOLARO & ROZA, INC.



Principal Place of Business
2801 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610

Mailing Address
P.O. BOX 11064
2801 E. HILLSBOROUGH AVE
TAMPA FL 33680
US

3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2718621	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 24 Country	2a. Mailing Address 26 315 South Hyde Park Ave. 27 Suite, Apt. #, etc. 28 Tampa, FL 29 Zip 30 33606 31 U.S.A.
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9. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

James P. Hines

(Print Name of Registered Agent) (Print Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	2801 E HILLSBOROUGH AVE	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	TAMPA FL		33610
CITY - ST - ZIP	VPD	2.1 TITLE	2.2 NAME
TITLE	SCOLARO, SAM P.	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	2801 E HILLSBOROUGH AVE		
STREET ADDRESS	TAMPA FL	3.1 TITLE	3.2 NAME
CITY - ST - ZIP		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE			
NAME		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP			
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS			
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
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:

Stephen G. Roza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen G. Roza, President

6/3/96 813-231-2220

CR2E034 (12/95)