

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 # **J59324** (0)

1. Corporation Name
GIANCOLA BROTHERS, INC.



Principal Place of Business
**2090 S NOVA RD
STE B-206
S DAYTONA FL 32119
US**

Mailing Address
**3219 JUNIPER DR
EDGEWATER FL 32141
US**

3. Date Incorporated or Qualified: **02/24/1987**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2865473**
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 **8103 INDIAN RIVER BLVD**
22 Suite, Apt. #, etc.
23 **EDGEWATER FL.**
24 **32141** 25 **Vol**

2a. Mailing Address
26 **3219 JUNIPER DR**
27 Suite, Apt. #, etc.
28 **EDGEWATER FL.**
29 **32141** 30 **Vol**

g. Name and Address of Current Registered Agent
**GIANCOLA, GARRY L
3219 JUNIPER DR
EDGEWATER FL 32141**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **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 _____ DATE _____
Signature typed or printed name of registered agent in the space provided. (Printed Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT	<input checked="" type="checkbox"/>
NAME	GIANCOLA, GARRY L.	
STREET ADDRESS	3219 JUNIPER DR	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	VPS	<input type="checkbox"/>
NAME	GIANCOLA, GARRY L.	
STREET ADDRESS	3219 JUNIPER DRIVE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PT	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GIANCOLA, GARRY L.		
1.3 STREET ADDRESS	3219 JUNIPER DR		
1.4 CITY - ST - ZIP	EDGEWATER FL. 32141		
2.1 TITLE	HELEN GIANCOLA	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	3219 JUNIPER DR		
2.4 CITY - ST - ZIP	EDGEWATER FL. 32141		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Garry L. Giancola 4-5-96 904 428 3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)