

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 # J87572 (0)
1. Corporation Name
TURANO PLASTERING INCORPORATED



Principal Place of Business: **3450-3 METRO PARKWAY FT MYERS FL 33916-7523**
Mailing Address: **3450-3 METRO PARKWAY FT MYERS FL 33916-7523**

3. Date Incorporated or Qualified: **08/07/1987**
3a. Date of Last Report: **04/24/1995**

21	2. Principal Place of Business 3089 Kennesaw St.	26	2a. Mailing Address 3089 Kennesaw St.	4.	FEI Number 59-2838621	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State Fort Myers, FL	28	City & State Fort Myers, FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip 33916	25	Country	29	Zip 33916	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURANO, JEROME D.
3450-3 METRO PARKWAY
FT MYERS FL 33916

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	3089 Kennesaw Street
83		
84	City	Fort Myers
85	State	FL
	Zip Code	33916

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURANO, TIMOTHY C.	1.2 NAME	
STREET ADDRESS	3844 LUVERNE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURANO, KAREN L.	2.2 NAME	
STREET ADDRESS	1311 CANTEBURY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURANO, JEROME D.	3.2 NAME	
STREET ADDRESS	1311 CANTERBURY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Karen L. Turano* **4/18/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Karen L. Turano Secretary/Treasurer** 941-332-3531
 DATE: _____ DAYPHONE PHONE # _____

CR2E034 (1/2/95)