## 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

1. Corporation	MENT # J8875	2 (7)		# 1884/F	
Principal Place	of Business	Mailing Address			
4 SO BAY STR FELLSMERE FL 32948 US		4 S BAY ST FELLSMERE FL 32948 US			
				<ol> <li>Date Incorporated or Qualified 08/21/1987</li> </ol>	3a. Date of Last Report 03/13/1995
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-2852305	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	8. This corporation has liability for in Elorida Statutes Yes	
	9. Name and Address of Current			10. Name and Address of New R	
OLAMBA	NOO OHIOEDDE		81 Name	Edoardo Gio	imbanco
GIAMBANCO, GIUSEPPE 830 BERMUDA AVENUE SEBASTIAN FL 32958			82 Street Add	ress (P.O. Box Number is Not Acceptab	
			83	565 Quiesce	nt Lane
			94 64	Sebastian.	85 Zip Code
SIGNATURE	n, and accept the obligations of Section  Officers and accept the obligations of Section  Officers An()	ditional tappication	s doardo Granb DE Agentest Agent sypatore require	anco, President,  about the appointment of the appo	04/29/96
TITLE	ST	DELETE	1 1 TITLE	ABBITIONS/OFFANGES TO OFF	Change Addition
NAME	GIAMBANCO, FRANCESCA		1.2 NAME		
STREET ADDRESS  City-St-Zip	1565 QUIESCENT LANE SEBASTIAN FL		1.3 STREET ADDRESS		
TITLE	D	<b>™</b> DELE1E	2 1 TITLE		Change Addition
NAME	GIAMBANCO, GIUSEPPE	_	2 2 NAME		C sura igo C incomo:
STREET ADDRESS	830 BERMUDA AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SEBASTIAN FL D	<b>⊠</b> DELETE	2.4 C(TY - ST - 7)P 3. 1 T(T),F		Change
NAME	GIAMBANCO, ROBERT	Deterie	3.2 NAME		Change Addition
STREET ADDRESS	830 BERMUDA AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL PV	- Dritte	3.4 CITY - \$1 - 7/P		
TITLE NAME	GIAMBANCO, EDOARDO	☐ DELETE	4 1 TITLE 42 NAME		Change Addition
STREET ADDRESS	1565 QUIESCENT LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Criange Addition
NAME STREET ADDRESS			5 2 NAME		
City-St-Zip			5.3 STREET ADDRESS 5.4 CITY - ST - 21F		
TITLE		☐ DELETE	6 1 THE		Change Addition
MAMÉ			62 NAME		<b>_</b>
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-SI-ZIP	natification in	1 412 Pl - 7 1 2 2 2	6 4 CITY - ST - ZIP		
oath; that I	DE IL OMBANON MOICAIRA ON INS ARD IS	report or supplemental ann bon or the receiver or truste	idal report is true and accura- se empowered to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	canno loggi effect on it weeds

SIGNATURE: Fologie Hombers Edoardo Granbanco, 4/29/96 (407)571-0917

CR2E034 (12/95)