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 # K50006 (1)

1. Corporation Name
FRANK FONZO, P.A.

Principal Place of Business	Mailing Address
12543 SPRING HILL DRIVE SPRING HILL FL 34609	12543 SPRING HILL DRIVE SPRING HILL FL 34609

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 06/07/1995
4. FEI Number: 65-0212658 ☐ 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: 12593 Spring Hill Dr
22: Suite, Apt. #, etc
23: City & State: Spring Hill, FL
24: Zip: 34609 25: Country: USA

2a. Mailing Address
26: 12593 Spring Hill Dr.
27: Suite, Apt. #, etc.
28: City & State: Spring Hill, FL
29: Zip: 34609 30: Country: USA

9. Name and Address of Current Registered Agent

PSETAS, GEORGE C.
8152 WASHINGTON STREET
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: Frank Fonzo, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 12593 Spring Hill Dr.
83:
84 City: Spring Hill FL 85 Zip Code: 34609

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: X [signature] (NOTE: Registered Agent signature required when not listed) DATE: 5.24.96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FONZO, FRANK		1.2 NAME	
STREET ADDRESS	12543 SPRING HILL DRIVE		1.3 STREET ADDRESS	12593 Spring Hill Dr.
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FONZO, FRANK		2.2 NAME	
STREET ADDRESS	12543 SPRING HILL DRIVE		2.3 STREET ADDRESS	12593 Spring Hill Dr.
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	500001850745 -06/04/96--01093--015 ***200.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5-1-96

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)(i), 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] P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)