Amended
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56767

1. Corporation Name

CIBELLA, BOYLE & ASSOCIATES, INC.

Principal Place of Business / Mailing Address

2001 W. Sample Rd., Suite 412
Pompano Beach, FL 33064

3. Date Incorporated or Qualified: 01/04/1989
3a. Date of Last Report:
4. FEI Number: 65-0093423 [ ] 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 Cibella, Boyle & Assoc.,Inc
Suite, Apt. #, etc.
22 Suite #412
City & State
23 Pompano Beach, FL
Zip
24 33064
Country
25 Broward

2a. Mailing Address
26 2001 W. Sample Rd.
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

Charles Vincent Cibella
5273 Adams Rd.
Delray Beach, FL 33484

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable ... DATE

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Charles V. Cibella	
STREET ADDRESS	5273 Adams Rd.	
CITY-ST-ZIP	~~Delray Beach FL 33484~~	
TITLE	Secretary/Treasurer	[X] DELETE
NAME	Bruce P. Boyle	
STREET ADDRESS	7905 NW 19 St.	
CITY-ST-ZIP	Margate, FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/T	[X] Change [ ] Addition
2.2 NAME	Charles V. Cibella	
2.3 STREET ADDRESS	5273 Adams Rd.	
2.4 CITY-ST-ZIP	~~Delray Beach, FL 33484~~	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	900001927799	[ ] Change [ ] Addition
6.2 NAME	-08/21/96--01012--001	
6.3 STREET ADDRESS	***61.25	
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)(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 ... and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6/20/96

SIGNATURE: Charles V. Cibella 8/6/96 954/968-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)