

FILED

Feb 11 1997 8:00am
Secretary of State

The seal of the State of Florida is circular, featuring a palm tree in the center, surrounded by the words "GREAT SEAL OF THE STATE OF FLORIDA" and "1845".

(6)

TESSITORE ENTERPRISES, INC.

Mailing Address

40962 US HIGHWAY 19 N
TARPON SPRINGS FL 34689-5446

		3. Date Incorporated or Qualified 04/14/1989		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2945189	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
TESSITORE, VINCENT 5347 SUWANEE RD-- SPRING HILL FL 34407		81	Name	
762 WILDFLOWER DRIVE PALM HARBOR FL 34683		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, as the registered agent or registered agent in charge of the corporation. If the undersigned is not the registered agent or registered agent in charge of the corporation, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, as the registered agent or registered agent in charge of the corporation. If the undersigned is not the registered agent or registered agent in charge of the corporation, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, as the registered agent or registered agent in charge of the corporation. If the undersigned is not the registered agent or registered agent in charge of the corporation, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, as the registered agent or registered agent in charge of the corporation.

SIGNATURE Vincent Lessmore THE VINCENT LESSMORE 9/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESSITORE, VINCENT	1.2 NAME	
STREET ADDRESS	5347 SUWANEE RD.	1.3 STREET ADDRESS	762 WILDFLOWER DR.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESSITORE, LYNNE	2.2 NAME	
STREET ADDRESS	5347 SUWANEE RD.	2.3 STREET ADDRESS	762 WILDFLOWER DR
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	IS 2/11
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	500002083775
STREET ADDRESS		6.3 STREET ADDRESS	-02/11/97--01105--035
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 23, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: VINCENT TESSITORE 2/4/8

CR2E034 (9/96)