FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L20481 1. Corporation Name TOMASELLO & ASSOCIATES, INC. Principal Place of Business Mailing Address 8001 N DALE MABRY STE 501C ROOT N DALE MABRY STE 501C						
TAMPA FL 336	14	TAMPA FL 33614-3265		3. Date Incorporated or Qualified	3a. Date of Last Repor	rt
				10/02/1989	04/12/1996	
⊸ ்	Place of Business	2a. Mailing Address		4, FEI Number	Applied	
Suite Apt.	#, etc	Suite, Apt. #, etc.		59-2973570	60 75	plicable
2		27		Certificate of Status Desired	Fee Require	
City & Stat	ic	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May	
7(p	Country		Country	Trust Fund Contribution 8. This corporation has liability for		
24	25		30	Florida Statutes	Yes No	
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	igistered Agent	
2708 SUIT	nner, Walter W., ESQ. 3 alt. 19 north Te 701 M Harbor Fl 34883			ddress (P.O. Box Number is Not Acceptal	ble)	
PALI	M HARDUR FL 34003		84 City		85 Zip Code	e
				orporation submits this statement for the pration's board of directors. I hereby acce	FL s zp cook	
SIGNATURE	Signature by explor plunted name of registered a OFFICERS A	gent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRECTORS IN	112
TILE	PD	☐ DELETE	1.5 TITLE			Addition
NAME	TIMASELLO, PETER A			TOMASELLO, PETEI	R A.	
STREET ADORESS	5333 BAYWATER DR		1.3 STREET ADDRESS			
CITY-S1-ZIP TITLE	TAMPA FL VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
NAME	TOMASSELLO, PETER L		2.2 NAME		<u></u>	
STREET ADORESS	8919 BRELAND DR		23 STREET ADDRESS	•••		
CITY-ST-ZIF	TAMPA FL		2. 4 CITY - \$1 - ZIP			
TITLE	TDS	DELETE	3.1 TITLE		Change	Addition
NAME PROCES ASSESSED	THOMPSON, E PAUL 13128 TIFTON DR		32 NAME			
STREET ADDRESS. City+SE-ZiP	TAMPA FL		3.3 STREET ADORESS 3.4. CITY-ST-ZIP			
THUE	IAMIATE	DELETE	4.1 TITLE		Change	Addition
NAME	}		4.2 NAME		·	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - SI - ZIP			4.4 CITY-SI-ZIP			
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAME			
STREET ADJMESS			5.3 STREET ADDRESS			
CITY-ST ZIP	,	FIDELLIE	5.4 CiTY-ST-ZIP		- Dhanes	Addition
TITLE	}	☐ DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME CERCLE ADDRICE			6.2 NAME			
STREET ADDRESS	Ì		6.3 STREET ADDRESS			

14. I do hereby certify that the information supplied with this tiling 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 supplied entail 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 o

FILED

Apr 10 1997 8:00am

Secretary of State