

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # L34575 (5)
 1. Corporation Name
 THOMAS A. ROFRANO, D.C.P.A.

FILED
 95 JAN 27 PM 4:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 C/O THOMAS A. ROFRANO C/O THOMAS A. ROFRANO
 9850 ALTERNATE A1A, SUITE 509 9850 ALTERNATE A1A, SUITE 509
 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/04/1989	03/29/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		65-0161639	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
ROFRANO, THOMAS A. 9850 ALTERNATE A1A, SUITE 509 PALM BEACH GARDENS FL 33410				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROFRANO, THOMAS A.	1.2 NAME	
STREET ADDRESS	9850 ALTERNATE A1A #509	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH. GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROFRANO, THOMAS A.	2.2 NAME	
STREET ADDRESS	9850 ALTERNATE A1A #509	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH. GARDENS FL	2.4 CITY - ST - ZIP	
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	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 appointed 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 certain attachment will be filed.

SIGNATURE: *[Signature]* X
 SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

1-29-95
 4076275816