

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L49768 (9)**  
1. Corporation Name  
**ALESSANDRA SCHIANO, INC.**



Principal Place of Business: **362 COMMERCE WAY STE 116 LONGWOOD FL 32750 US**  
Mailing Address: **362 COMMERCE WAY STE 116 LONGWOOD FL 32750-7610 US**

3. Date Incorporated or Qualified: **02/12/1990**  
3a. Date of Last Report: **04/22/1996**  
4. FEI Number: **59-2990888**  
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 (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: **SCHIANO, BIAGIO L. 502 RIVIERA DRIVE ALTAMONTE SPRINGS FL 32701**  
10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SCHIANO, BIAGIO L.</b>	1.2 NAME	
STREET ADDRESS	<b>502 RIVIERA DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPGS. FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V TRAN, LUONG MOC</b>	2.2 NAME	
STREET ADDRESS	<b>1181 LAZY HOLLOW PL</b>	2.3 STREET ADDRESS	<b>3910 Pease Pipe Orlando, FL 32829</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST LEHMANN, KEITH</b>	3.2 NAME	
STREET ADDRESS	<b>659 KILLIAN CIR.</b>	3.3 STREET ADDRESS	<b>2587 S. Semoran Blvd. Orlando, FL 32822</b>
CITY - ST - ZIP	<b>DELTONA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: \_\_\_\_\_

CR2E034 (9/96)