FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L82752** **(1)**

1. Corporation Name

MICHAEL F. CUSMANO, INC.

Principal Place of Business

1881 NE 26 STREET
SUITE #214
FT LAUDERDALE FL 33305
US

Mailing Address

1881 NE 26 STREET
SUITE #214
FT LAUDERDALE FL 33305
US

2. Principal Place of Business
21 600 W. Prospect Road
Suite, Apt. #, etc.
22 Suite #2F
City & State
23 Ft. Lauderdale, FL
Zip 24 33309 Country 25 USA

2a. Mailing Address
26 600 W. Prospect Road
Suite, Apt. #, etc.
27 Suite #2F
City & State
28 Ft. Lauderdale, FL
Zip 29 33309 Country 30 US

3. Date Incorporated or Qualified: **06/22/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0209216** [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CUSMANO, MICHAEL
608 NW 132 TERR.
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name: Michael Cusmano
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. Prospect Road
83 Suite #2F
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Section 607.0501, 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. Hereby, I am appointed as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] MFC 4-11-96
(Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	[X] DELETE	1 TITLE	PD	[X] Change [ ] Addition
NAME	CUSMANO, MICHAEL F.		1 NAME	Cusmano, Michael F.	
STREET ADDRESS	1881 N E 26 ST #214		1 STREET ADDRESS	600 W. Prospect Road #2F	
CITY-ST-ZIP	FT. LAUDERDALE FL		1 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	STD	[X] DELETE	2 TITLE	STD	[X] Change [ ] Addition
NAME	CUSMANO, KATHLEEN F.		2 NAME	Cusmano, Kathleen F.	
STREET ADDRESS	1881 NE 26 ST #214		2 STREET ADDRESS	600 W. Prospect Road #2F	
CITY-ST-ZIP	FT. LAUDERDALE FL		2 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
TITLE		[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5 TITLE		[ ] Change [ ] Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: [signature] 4-11-96 (954)561-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)