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

4-19-96 P-3996-NC

DOCUMENT # **L98642** (6)

1. Corporation Name

GRAZI, GIANINO & COHEN, P.A.

Principal Place of Business

217 EAST OCEAN BLVD.
STUART FL 34494
US

Mailing Address

P.O. DRAWER 2846
STUART FL 34995-2846
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country 30

3. Date Incorporated or Qualified: **09/04/1990**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0309283** ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIANINO, PETER T.
217 E OCEAN BLVD
STUART FL 34995

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City **FL** 85 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GIANINO, PETER T.	
STREET ADDRESS	217 E OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ DELETE
NAME	GRAZI, LEIF J.	
STREET ADDRESS	217 E OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ DELETE
NAME	COHEN, MARC B	
STREET ADDRESS	217 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	☐ Change ☐ Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY-ST-ZIP	
2-1 TITLE	☐ Change ☐ Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY-ST-ZIP	
3-1 TITLE	☐ Change ☐ Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY-ST-ZIP	
4-1 TITLE	☐ Change ☐ Addition
4-2 NAME	
4-3 STREET ADDRESS	
4-4 CITY-ST-ZIP	
5-1 TITLE	☐ Change ☐ Addition
5-2 NAME	
5-3 STREET ADDRESS	
5-4 CITY-ST-ZIP	
6-1 TITLE	☐ Change ☐ Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(k), 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 a 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 hereinabove or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 (407) 286-0000

CR2E034 (12/95)