

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Cynthia B. Hargrave
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M68625**

(6)

DAN ROSSO & ASSOCIATES, INC.



1. Name of Corporation

2. Mailing Address

1651 SW 42 ST.
OCALA FL 32674

1651 SW 42 ST.
OCALA FL 32674

3. Name of Executive Officer

2a. Mailing Address

21. Street Address

26. Street Address

22. City and State

27. City and State

23. Country

28. Country

24. Zip Code

29. Zip Code

Country

30. Country

9. Name and Address of Current Registered Agent

ROSSO, DANIEL M.
1651 SW 42 ST.
OCALA FL 32674

3. Date of Incorporation or Qualification
02/10/1988

3a. Date of Last Report
08/03/1995

4. FEE Number
65-0026751

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. Does corporation have liability for intangible tax under s. 197.04, Florida Statutes?

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83. City

84. City

FL 85. Zip Code

11. I, the undersigned, the president or secretary of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address shown herein in the State of Florida. The Secretary of State, upon receipt of this statement, shall cause the corporation's name to be changed to the address shown herein in the State of Florida.

12. Name of Officer or Director

OFFICER AND DIRECTOR

PSTD
ROSSO, DANIEL M
1651 SW 42 ST.
OCALA FL 32674

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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13. Name of Officer or Director

1. Name

1. Name

1. Name

1. Name

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that I am a resident of the State of Florida and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name is entered in the public records of the State of Florida.

SIGNATURE:

Daniel M. Rosso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96 904-237-5250

CR2E034 (12/95)