

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

**APPROVED
AND
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95 JUL -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandy B. Morhiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 178582
1. Corporation Name
Lino & Associates, Inc

Principal Place of Business Mailing Address
6950 Central Ave, #140
St. Petersburg, FL 33707

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2888353		4-94	
22. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
David Troup 3701 Central Ave St. Petersburg, FL 33713				81 Name			
				82 Street Address (P.O. Box Number is 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 David Troup DATE 6-08-95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Alfred L. Lino, Jr	1.2 NAME					
STREET ADDRESS	6266 1st Ave S, #19	1.3 STREET ADDRESS					
CITY - ST - ZIP	St. Petersburg, FL 33707	1.4 CITY - ST - ZIP					
TITLE	Vice President	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Connie M. Wilbanks	2.2 NAME					
STREET ADDRESS	6266 1st Ave S, #12	2.3 STREET ADDRESS		700001531137			
CITY - ST - ZIP	St. Petersburg, FL 33707	2.4 CITY - ST - ZIP		-07/06/95--01072--015			
TITLE		3.1 TITLE		***\$225.00 <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)(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 the receiver or trustee or otherwise 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: Connie M. Wilbanks DATE 5-8-95 DAYTIME PHONE # 813-384-3700