FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # NO

N00486 (3)

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28 Zip

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9. Name and Address of Current Registered Agent

THE MASTROGIACOMO DUO, INC.

25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

Mailing Address

C/O LEONARD MASTROGIACOMO 2009 ST. LEONARD DRIVE TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt #, etc

City & State

SIGNATURE

21

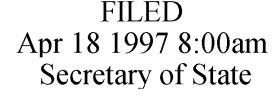
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Principal Place of Business

C/O LEONARD MASTROGIACOMO 2809 ST. LEONARD DRIVE TALLAHASSEE FL 32312-3037





Yes No

8. This corporation has liability for Intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

04/18/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 12/20/1983

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number 59-2351513

Florida Statutes

MASTROGIACOMO, LEONARD 2809 ST. LEONARD DRIVE		Street Address (P.O. Box Number is Not Acceptable)			
11 Martin and American Care and American					
	84	City	FL ¹	15 Zip	Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida. 	rized by	the cor	corporation submits this statement for the purpose of ch	anging i	ts registered registered
SIGNATURE Signature, typed or proted name of registered agent and title II applicable. (NOTE Regis	slered Age	ol signature	re required when reinstaling] DATE		
	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12
TITLE DP DELETE 1	I.1 TITLE			Change	Addition
	1.2 NAME			-	
AAAA AT LEGILLING OD	1.3 STREET ADDRESS				
CITY-S1-2IP TALLAHASSEE FL 1	1.4 CITY-ST-ZIP				
TITLE D DELETE 2	2.1 TITLE			Change	Addition
NAME MASTROGIACOMO, NORMA 2	2.2 NAME				
STREET ADDRESS 2809 ST. LEONARD DR.	2.3 STREET ADDRESS				
	2.4 CITY-ST-ZIP		·		
TITLE D DELETE 3	3.1 TITLE			Change	Addition
NAME FLEET, IRVING	3.2 NAME				
STREET ADDRESS 1575 HICKORY AVE	3.3 STREET ADDRESS		j		
	3.4. ÇITY-S	T-ZIP			
TITLE D DELETE 4	4.1 TITLE			Change	Addition
NAME GLIDDEN, ROBERT 4	4. 2 NAME				
	4.3 STREET ADDRESS		,		
	4.4 CITY - ST - ZIP				
TITLE DST DELETE 5	5.1 TITLE			Change	Addition
NAME KELLEY, CLAIRE 5	5.2 NAME				
STREEL ADDRESS 3203 ENTERPRISE DR 5	53 STREET ADDRESS				
	5.4 CITY - ST - ZIP				
THILE DELETE 6	6.1 TITLE			Change	Addition
NAME 6	6.2 NAME				
STREET ADDRESS 6	6.3 STREET ADDRESS				
	6.4 CITY - S				
14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true ar	the exe	mption s	stated in Section 119.07(3)(i), Florida Statutes, I further ce d that my signature shall have the same legal effect as if r	rtify that	the der oath: that

Country

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