


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00486 (3) 1. Corporation Name THE MASTROGIACOMO DUO, INC.			
Principal Place of Business C/O LEONARD MASTROGIACOMO 2809 ST. LEONARD DRIVE TALLAHASSEE FL 32312		Mailing Address C/O LEONARD MASTROGIACOMO 2809 ST. LEONARD DRIVE TALLAHASSEE FL 32312-3037	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/20/1983		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-2351513		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MASTROGIACOMO, LEONARD 2809 ST. LEONARD DRIVE TALLAHASSEE FL 32312		10. Name and Address of New Registered Agent 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	MASTROGIACOMO, LEONARD		
STREET ADDRESS	2809 ST LEONARD DR		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MASTROGIACOMO, NORMA		
STREET ADDRESS	2809 ST. LEONARD DR.		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FLEET, IRVING		
STREET ADDRESS	1575 HICKORY AVE		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GLIDDEN, ROBERT		
STREET ADDRESS	6750 CIRCLE J		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	DST	<input type="checkbox"/> DELETE	
NAME	KELLEY, CLAIRE		
STREET ADDRESS	3203 ENTERPRISE DR		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Leonard Mastrogiacomo</i> Leonard Mastrogiacomo 4/9/97 904-644-3270 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008434			

CR2E037 (9/96)