

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P92000012521 (0)

95 JUN 14 11 01 35

1. Corporation Name

SANGRONE, INC.

Principal Place of Business

Mailing Address

1800 S AUSTRALIAN AVE
STE A
W PALM BEACH FL 33409

1800 S AUSTRALIAN AVE X
STE A X
W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
05/20/1994

2. Principal Place of Business

2a. Mailing Address

21 4360 Northlake Blvd.

26 4360 Northlake Blvd.

4. FEI Number
65-0392126

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22 205

27 205

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Palm Beach Gardens, FL

28 Palm Beach Gardens, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33410

25 USA

29 33410

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN E. WASHOFSKY EA PA
1800 S AUSTRALIAN AVE
STE A
W PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4360 Northlake Blvd., Suite 205

84 City

Palm Beach Gardens

85 State

FL

86 Zip Code

33410

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
P	TRAYNOR, CECILIA	1800 S AUSTRALIAN AVE X/A	W PALM BEACH FL 33409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY ST ZIP	Change	Addition
		4360 Northlake Blvd., #205	Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation or the 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 if changed, or on an attachment with an address.

SIGNATURE: *Cecilia Traynor* P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 407 694 210