

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1996 + 1997 AKS mwd

DOCUMENT # P93000069510 (4)
1. Corporation Name

Leonard T. Capozzo & Associates, Inc.

Principal Place of Business

Mailing Address

5117 Castello Drive Suite 2
Naples, FL 34103

3. Date Incorporated or Qualified
9-22-1993

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Capozzo, Leonard T.
7170 Golden Eagle Circle
Fort Myers, FL 33912

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSVT
NAME Capozzo, Leonard T.
STREET ADDRESS 7170 Golden Eagle Circle
CITY-ST-ZIP Ft. Myers, FL 33912

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

000002168680--3
-05/06/97--01135--014
***365.00 ***365.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

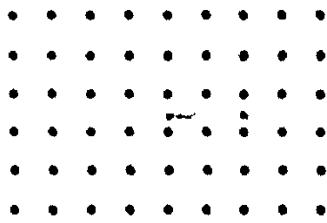
SIGNATURE:

Signature and typed or printed name of signing officer or director

4/20/97

434.6690

CR2E034 (9/95)



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James H. Forrester, P.A. ■ CERTIFIED PUBLIC ACCOUNTANTS

April 29, 1997

Mrs. Marie Bartlett
Reinstatement Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Leonard T. Capozzo & Associates, Inc. 65-0437245

Dear Marie,

Due to a mailing address change we did not receive the 1996 Annual Report. Per our conversation, attached is a check for \$365.00 for 1996 & 1997.

Sincerely,

James H. Forrester, CPA