

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000071510 (0)**

1. Corporation Name

NORA F. CATANO, C.P.A., P.A.



Principal Place of Business

1954 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

Mailing Address

1954 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0442788

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **34 E. OSCEOLA ST.**
State, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 507**
Suite, Apt. #, etc.

22 City & State

23 **STUART, FL 34994**

27 City & State

28 **STUART, FL**

24 Zip

34994

25 Country

FLORIDA

29 Zip

34995

30 Country

FLORIDA

9. Name and Address of Current Registered Agent

CATANO, NORA F
1954 SE PORT ST LUCIE BLVD 34 E. OSCEOLA ST
PORT ST LUCIE FL 34952 STUART, FL 34994

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 of the person executing this report and the fee collector

Signature of Registered Agent or other responsible person (if any)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
D	CATANO, NORA F	1954 SE PORT ST LUCIE BLVD 34 E OSCEOLA ST	PORT ST LUCIE FL 34952 STUART, FL 34994	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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)(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 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: *Nora F. Catano* NORA F. CATANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
DATE

407286-5669
CHECK NUMBER

CR2E034 (12/95)