FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000019154 (1)

1. Corporation Name
ROBERT MEMOLI, P.A.

Principal Place of Business
4821 U.S. HIGHWAY 19
SUITE 2
NEW PORT RICHEY FL 34652

Mailing Address
1817 US HWY 19
HOLIDAY FL 34691
US

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-3229895 — 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 [X] No

2. Principal Place of Business
21 7031 SR 52
Suite, Apt. #, etc.
22
City & State
23 BAYONET POINT, FL
Zip 24 34667 Country 25 USA

2a. Mailing Address
26 7031 S.R.52
Suite, Apt. #, etc.
27
City & State
28 BAYONET POINT FL
Zip 29 34667 Country 30 USA

9. **Name and Address of Current Registered Agent**
MEMOLI, ROBERT
1817 US HWY 19
HOLIDAY FL 34691

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] DELETE	1 TITLE [ ] Change [ ] Addition
NAME	MEMOLI, ROBERT		NAME
STREET ADDRESS	10451 LAKEVIEW DRIVE		STREET ADDRESS
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP
TITLE	DVST	[ ] DELETE	2 TITLE [ ] Change [ ] Addition
NAME	MASSEO, CHRISTINE		NAME
STREET ADDRESS	9214 PANDA LN		STREET ADDRESS
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP
TITLE		[ ] DELETE	3 TITLE [ ] Change [ ] Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		[ ] DELETE	4 TITLE [ ] Change [ ] Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		[ ] DELETE	5 TITLE [ ] Change [ ] Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		[ ] DELETE	6 TITLE [ ] Change [ ] Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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)(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: Robert Memoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT MEMOLI
Date: 3/6/96 Daytime Telephone #: (813) 861-3333

CR2E034 (12/95)