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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

POCUMENT # P9400038759 (4)

MICHAEL ACQUARO, INC.

Principal Place of Business 355 W. GRANADA BLVD. ORMOND BEACH FL 32174 Mailing Address

355 W. GRANADA BLVD. ORMOND BEACH FL 32174



									3. 1	Date Incor	porated or	Qualified	Sa. Dan	e of Last F	•
										05/1	19/1994			03/30/	1995
2. Principal Plas	ce of Busine	ess	2	a. Mailing Addre	SS				4.	FEI Numb	er			T	Applied For
<u> </u>			26	26											Not Applicable
Suite, Apt. #	etc.		27	Suite, Apt. #,	etc.				5.	Certificate	of Status D	esired			Additional Required
City & State				City & State					6.	Election C	ampaign Fi	nancing		\$5.0	May Be
3			28]						Trust Fund	d Contributi	on		Adde	d to Fees
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4		25	29			30	,			Florida Sta			□ No		
	9. Name	and Address of Cur	rent Reg	stered Agent			2.1		10.	Name an	d Address	of New H	egistered	Agent	
							81	Name							
	ARO, MIC					i	B2	Street Add	dress (P.C	O. Box Nu	mber is No	Acceptab	le)		
355 W	. GRANAI	da BLVD.					83								
ORMO	ND BEAC	H FL 32174													
							84	City						85 Z	ip Code
								,					FL	•	•
11. Pursuant to	the provisi	ions of Sections 607.08 both, in the State of F	502 and 6	807.1508, Florida	Statutes	the abo	ove na	amed corpor	oration su	ubmits this	statement	for the pur	pose of ch	anging its	registered office
or registere familiar with	u agent, or i, and acce	both, in the State of Fi pt the obligations of, S	ionua. Su Section 60	7.0505, Florida	aunionzeo Statutes.	, by the (wipoi	ialion 5 DOA	ara or all	OUGS. III	GIODY ACCE	אלאם פווויים	OHIGHER ES	. rogistore	a agont i ann
SIGNATURE		·													
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12.		OFFICERS	AND DIRE			13.				ADDITION	IS/CHANGE	S TO OFF			
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certify that the information indicated on this arrival 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

Michael AcQU

Michael Ocquaro 2-19-96

19-96 672-187