

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

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**95 MAY -1 PM 2:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**300001482633  
-05/10/95--01062--021  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000053652 (1)**  
1. Corporation Name  
**SEVERINO & ASSOCIATES, INC.  
ASSOCIATES**

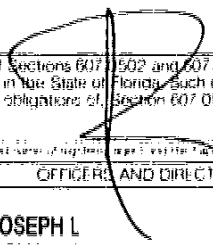
Principal Place of Business Mailing Address  
~~6 COLONIAL CLUB DR  
BOYNTON BEACH FL 33435~~ ~~6 COLONIAL CLUB DR  
BOYNTON BEACH FL 33435~~

3. Date Incorporated or Qualified <b>07/18/1994</b>		3a. Date of Last Report	
4. FEI Number <b>65-0502018</b>		Applied For Net Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21 11380 PROSPERITY FARMS</b>				2a. Mailing Address <b>26 P.O. BOX 32301</b>				4. FEI Number <b>65-0502018</b>			
22. Suite, Apt. #, etc. <b>SUITE 215</b>				27. Suite, Apt. #, etc.				5. Certificate of Status Desired <input type="checkbox"/>			
23. City & State <b>PALM BEACH GARDENS FL</b>				28. City & State <b>PALM BEACH GARDENS FL</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
24. Zip <b>33410</b>		25. Country <b>USA</b>		29. Zip <b>33420</b>		30. Country <b>USA</b>		6. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SEVERINO, JOSEPH L 6 COLONIAL CLUB DR BOYNTON BEACH FL 33435</b>				10. Name and Address of New Registered Agent 81 Name <b>JOSEPH L. SEVERINO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>617 BRACKENWOOD COVE</b> 83 <b>PALM BEACH GARDENS</b> 84 City <b>FL</b> 85 Zip Code <b>33418</b>			
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11. Pursuant to the provisions of Sections 607.502 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  **JOSEPH L. SEVERINO** 4/27/95  
(Print Name of Registered Agent) (Print Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	SEVERINO, JOSEPH L	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		SEVERINO, JOSEPH L	1.2 NAME	JOSEPH L. SEVERINO	
STREET ADDRESS		6 COLONIAL CLUB DR	1.3 STREET ADDRESS	617 BRACKENWOOD COVE	
CITY, ST, ZIP		BOYNTON BEACH FL 33435	1.4 CITY, ST, ZIP	PALM BEACH GARDENS FL 33418	
TITLE			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY, ST, ZIP			2.4 CITY, ST, ZIP		
TITLE			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST, ZIP			3.4 CITY, ST, ZIP		
TITLE			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY, ST, ZIP		
TITLE			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY, ST, ZIP		
TITLE			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			6.4 CITY, ST, ZIP		

14. I 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)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of control statement with an address.

SIGNATURE:  **JOSEPH L. SEVERINO** 4/27/95  
(Signature and Typed or Printed Name of Signing Officer or Director) (Date)

**4076245527**