

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065742 (6)**

1. Corporation Name
SANO ASSOCIATES, INC.



Principal Place of Business
**2060 SHEFFIELD AVE.
MARCO ISLAND FL 33937**

Mailing Address
**2060 SHEFFIELD AVE.
MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified **09/01/1994** 3a. Date of Last Report **08/06/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0528654

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPOSANO, STEVEN A
2068 SHEFFIELD AVE.
MARCO ISLAND FL 33937**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent, Director, Officer, or Agent)

(Date of Appointment of Agent, Officer, or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D President**
STREET ADDRESS **CAMPOSANO, STEVEN A**
CITY-ST-ZIP **2060 SHEFFIELD AVE. 2060 Sheffield MARCO ISLAND FL 33937**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
Treas./Secretary CAMPOSANO, JEAN M 2060 Sheffield Ave. MARCO ISLAND, FL 33937

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. 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)(k), Florida Statutes. I further certify that the information located 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 in an attachment with an address.

SIGNATURE: **Steven Camposano**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 941/642-9294

CR2E034 (12/95)