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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000065742 (6)

1. Corporation Name
SANO ASSOCIATES, INC.



Principal Place of Business

**2080 SHEFFIELD AVE
MARCO ISLAND FL 33937
US**

Mailing Address

**2060 SHEFFIELD AVENUE
MARCO ISLAND FL 34145-6701
US**

3. Date Incorporated or Qualified
09/01/1994

3a. Date of Last Report
08/13/1996

2. Principal Place of Business
21 **810 Inlet Drive**
Suite, Apt #, etc.

2a. Mailing Address
26 **810 Inlet Drive**
Suite, Apt #, etc.

4. FEI Number
65-0528654

Applied For
Not Applicable

22 City & State
Marco Island, FL

27 City & State
Marco Island, FL

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

23 Zip Country
34145 USA

28 Zip Country
34145 USA

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

24

29

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
2066 SHEFFIELD AVE.
MARCO ISLAND FL 33937**

81 Name **Camposano, Steven A.**

82 Street Address (P.O. Box Number is Not Acceptable)
810 Inlet Drive

83

84 City **Marco Island** **FL** 85 Zip Code **34145**

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: *Steven A. Camposano*
Signature, typed or printed name of registered agent, or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **CAMPOSANO, STEVEN A**
STREET ADDRESS **2066 SHEFFIELD AVE.**
CITY - ST - ZIP **MARCO ISLAND FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **TS** DELETE
NAME **CAMPOSANO, JEAN M.**
STREET ADDRESS **2060 SHEFFIELD AVE**
CITY - ST - ZIP **MARCO ISLAND FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: *Steven A. Camposano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Date

941-642-9274

Daytime Phone #

CR2E034 (9/96)