

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 # P95000005953

1. Corporation Name

Gregory T. Delo, P.A.

Principal Place of Business

**4741 NE 22nd Ave.
Lighthouse Point, FL 33064**

Mailing Address

**717 East Oak Street
Kissimmee, FL 34744**

3. Date Incorporated or Qualified
01/19/95

3a. Date of Last Report

4. FEI Number
65-0552606

Applied For
 Not Applicable

2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip

30 Country

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 No

9. Name and Address of Current Registered Agent

**Harry J. Swart, CPA
717 East Oak Street
Kissimmee, FL 34744**

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

Gregory T. Delo

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
NAME **Gregory T. Delo**
STREET ADDRESS **4741 NE 22nd Avenue**
CITY- ST- ZIP **Lighthouse Point, FL 33064**

TITLE DELETE
NAME
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CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

**600001777896
-04/12/96--01015--020
***200.00**

4-11-96 JA

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT

CR2E034 (12/95)