

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000016802 (7)**  
 1. Corporation Name

**MASSIMINO ENTERPRISES, INC.**



Principal Place of Business: **3760 N UNIVERSITY DR CORAL SPRINGS FL 33065**  
 Mailing Address: **3760 N UNIVERSITY DR CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **03/01/1995**      3a. Date of Last Report

4. FEI Number  Applied For  Not Applicable

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

2. Principal Place of Business (21)      2a. Mailing Address (26)

Suite, Apt. #, etc (22)      Suite, Apt. #, etc (27)

City & State (23)      City & State (28)

Zip (24)      Country (25)      Zip (29)      Country (30)

9. Name and Address of Current Registered Agent: **MASSIMINO, KATHLEEN A 3760 N UNIVERSITY DR CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent (81-85)

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MASSIMINO, KATHLEEN A</b>	1.2 NAME	<b>Pres. Anthony MASSIMINO</b>
STREET ADDRESS	<b>3760 N UNIVERSITY DR</b>	1.3 STREET ADDRESS	<b>12219 N.W. 35th St.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>V.P. Kathleen A. MASSIMINO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>12219 N.W. 35th St.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Massimino*      **Anthony Massimino 6-24-96 (954) 0205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E034 (3/96)