

**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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000034318 (2)**

1. Corporation Name

**PECOSA, INC.**



Principal Place of Business <b>% NANCY ROSSI</b> <b>5811 PELICAN BAY BLVD. SUITE 207</b> <b>NAPLES FL 33963</b>	Mailing Address <b>% NANCY ROSSI</b> <b>5811 PELICAN BAY BLVD. SUITE 207</b> <b>NAPLES FL 33963</b>
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3. Date Incorporated or Qualified <b>05/02/1995</b>	3a. Date of Last Report 
4. FEI Number 	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 NANCY ROSSI</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 NANCY ROSSI</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip <b>34108</b> Country	28 Zip <b>34108</b> Country

9. Name and Address of Current Registered Agent <b>MAYR, KARL</b> <b>5811 PELICAN BAY BLVD.</b> <b>SUITE 207</b> <b>NAPLES FL 33963</b>	10. Name and Address of New Registered Agent <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">81 Name</td> <td style="width: 50%;">85 Zip Code <b>FL 34108</b></td> </tr> <tr> <td colspan="2">82 Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">83</td> </tr> <tr> <td colspan="2">84 City</td> </tr> </table>	81 Name	85 Zip Code <b>FL 34108</b>	82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	
81 Name	85 Zip Code <b>FL 34108</b>								
82 Street Address (P.O. Box Number is Not Acceptable)									
83									
84 City									

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAYR, KARL	1.2 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 207	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAYR, DORLI	2.2 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 207	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)