

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

pg. 1 of 3

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 JUL 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056131 (2)

1. Corporation Name
PAUL L. SANGIOVANNI, P.A.



Principal Place of Business
**20 NORTH ORANGE AVE
SUITE 1400
ORLANDO FL 32801
US**

Mailing Address
**1102 WILKINSON ST.
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report 04/03/1996
4. FEI Number 59-3323363	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SANGIOVANNI, PAUL L
1102 WILKINSON ST.
ORLANDO FL 32803**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 type="checkbox"/> Addition
NAME	D SANGIOVANNI, PAUL L	1.2 NAME	
STREET ADDRESS	1102 WILKINSON ST.	1.3 STREET ADDRESS	300002250283--2
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	-07/29/97--01043--009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

300002250283--2
-07/29/97--01043--009
****173.75 ****173.75

A. Alan
9/22/97

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 in an attachment with an address.

CR2E034 (4/97)

PJ-283

LAW OFFICE
PAUL L. SANGIOVANNI
PROFESSIONAL ASSOCIATION

20 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FLORIDA 32801
(407) 238-9787
TELEFACSIMILE (407) 843-4315

PAUL L. SANGIOVANNI
ATTORNEY AT LAW

TRIAL PRACTICE
COMMERCIAL LITIGATION

July 21, 1997

Via Federal Express

Annual Reports Filings
Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

Re: Filing of 1997 Profit Corporation Annual Report.
Subj.: Transmittal of Report and Request for Waiver of
Late Fee.

Dear Sir/Madam:

Enclosed please find the following items:

1. Our Firm Check Number 2570 in the amount of One Hundred Seventy-three and 75/100 Dollars (\$173.75), inclusive of the fee for a Certificate of Status.
2. Our Profit Corporation Annual Report for 1997.

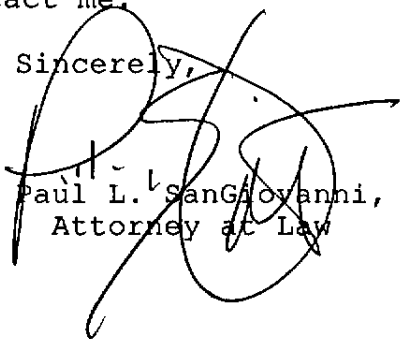
We are respectfully requesting a waiver of the late fee described in the Second Notice Packet. As my office administrator discussed with a representative of your office last week, no one in our office recalls having received the packet. We have performed a diligent search of our offices and have not located the same. We have concluded that we did not receive the First Notice Packet at any time.

Pursuant to our discussion with your representative, we understand that the procedure to follow in that instance is to request a waiver of the late fee in writing, which we are hereby doing. Please note that this is a relatively young corporation and that we have timely filed our report in the past.

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July 21, 1997
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Thank you for your consideration. Should you have any questions regarding this matter, or need any further information, please do not hesitate to contact me.

Sincerely,

Paul L. SanGiovanni,
Attorney at Law

Enclosures