

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 # P95000076197 (9)

1. Corporation Name

PAOLI, GALLEGOS & CAPRIO, FINANCIAL CONSULTANTS, INC.



Principal Place of Business

**143 EAST MIAMI AVENUE
VENICE FL 34285**

Mailing Address

**143 EAST MIAMI AVENUE
VENICE FL 34285**

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **209 NASSAU STREET SO**
Suite, Apt. #, etc.

26 **209 NASSAU STREET SO,**
Suite, Apt. #, etc.

4. FEI Number
65-0622506

Applied For
Not Applicable

22 **SUITE 104**

27 **SUITE 104**

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

23 **VENICE, FL**

28 **VENICE, FL**

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

24 **34285** 25 **USA**

29 **34285** 30 **USA**

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

**WATSON, DAVID S
240 SOUTH PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236**

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

Signature, typed or printed name of registered agent or director (required)

DATE (required)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PRESIDENT**
STREET ADDRESS **LAWRENCE H. PAOLI**
CITY - ST - ZIP **209 NASSAU STREET SO, SUITE 104
VENICE, FL 34285**

1. TITLE Change Addition

TITLE DELETE
NAME **SECRETARY, TREASURER**
STREET ADDRESS **KAREN A. GALLEGOS**
CITY - ST - ZIP **209 NASSAU STREET SO SUITE 104
VENICE, FL 34285**

12. NAME **LAWRENCE H. PAOLI**

TITLE DELETE

13. STREET ADDRESS **209 NASSAU STREET SO, SUITE 104**

TITLE DELETE

14. CITY - ST - ZIP **VENICE, FL 34285**

TITLE DELETE

2. TITLE Change Addition

TITLE DELETE

22. NAME **SECRETARY TREASURER**

23. STREET ADDRESS **KAREN A GALLEGOS**

24. CITY - ST - ZIP **209 NASSAU STREET SO, SUITE 104**

25. CITY - ST - ZIP **VENICE, FL 34285**

3. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence H. Paoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

941-485-1414

DATE

DAYTIME PHONE #

CR2E034 (12/95)