## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

Principal Place of Business

DOCUMENT # **P96000016776 (2)** 

Mailing Address

CANNELLA & CANNELLA, INC.

2910 VILLA ROSA PARK 2910 VILLA ROSA PARK TAMPA FL 33611-2838 **TAMPA FL 33611** 3. Date Incorporated or Qualified 3a. Date of Last Report 2-22-96 02/22/1996 4. FEI Number 2a. Mailing Address Principal Place of Business Applied For 59-3363921 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country  $Z_{ip}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CANNELLA, THEODORE F 2910 VILLA ROSA PARK 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ground type of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatura required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE 1.1 TITLE Change THE ES, DON'T NAM: 1.2 NAME VILLA REEL PR STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CiTY-ST-ZiP CHY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY ST ZIF DELETE Change Addition TELF 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST-ZIP CITY: ST. ZIE DELETE 5.1 TITLE Change Addition | TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY: \$1, 20 DELETE Addition 6.1 TITLE ☐ Change HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST AP

TED CANNELLA PRESIDENT 2-19-97

6.4 CITY - ST - ZiP

information and cated on this armual 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.

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

FILED

Mar 12 1997 8:00am

Secretary of State

813-8324418