

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032689 (7)**

1. Corporation Name
RALPH RUSSO, INC.



Principal Place of Business 8220 SE 141 LANE SUMMERFIELD FL 34491	Mailing Address 8220 SE 141 LANE SUMMERFIELD FL 34491-8500
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2. Principal Place of Business 21 4600 SE 130TH ST. Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 3831 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/11/1996	3a. Date of Last Report
22 City & State 23 BELLEVUE, FL		27 City & State 28 BELLEVUE, FL		4. FEI Number 65-0561055	Applied For Not Applicable
24 Zip 34420	25 Country USA	29 Zip 34421	30 Country USA	5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent JACQUES, ROSEMARIE 4565 SW HWY 484 BELLEVUE FL 34421				10. Name and Address of New Registered Agent	
				81 Name DAN DEL VECCHIO	
				82 Street Address (P.O. Box Number is Not Acceptable) 11054 SE 55TH AVE.	
				83	
				84 City BELLEVUE	85 Zip Code FL 34420

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 *Dan A. DelVecchio* **DAN A. DELVECCHIO** DATE **4/30/97**
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 PVST	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSO, RALPH		1.2 NAME	
STREET ADDRESS P O BOX 3831 N/A		1.3 STREET ADDRESS 4600 SE 130TH ST.	
CITY-ST-ZIP BELLEVUE FL 34421		1.4 CITY-ST-ZIP BELLEVUE, FL 34420	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSO, RALPH		2.2 NAME	
STREET ADDRESS P O BOX 3831 N/A		2.3 STREET ADDRESS 4600 SE 130TH ST.	
CITY-ST-ZIP BELLEVUE FL 34421		2.4 CITY-ST-ZIP BELLEVUE, FL 34420	
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 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 on an attachment with an address.

SIGNATURE: *Ralph Russo* **RALPH RUSSO** DATE **4-30-97**
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)