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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000040396 (9)

1. Corporation Name  
ALLEN J. GENALDI, CPA, P.A.

Principal Place of Business  
5320 EPPING LN  
ZEPHYRHILLS FL 33541

Mailing Address  
5320 EPPING LN  
ZEPHYRHILLS FL 33541-2610



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1996		3a. Date of Last Report	
21	8700 N. 50th St.	26	P.O. Box 290385	4. FEI Number 59-3382494		Applied For Not Applicable	
Suite, Apt. #, etc. 22 #126		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 TAMPA, FL		City & State 28 TAMPA, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33617		Country 25 US		Zip 29 33687-0385		Country 30 US	
9. Name and Address of Current Registered Agent GENALDI, ALLEN J 5320 EPPING LN ZEPHYRHILLS FL 33541				10. Name and Address of New Registered Agent			

81 Name Genaldi, Allen J.	
82 Street Address (P.O. Box Number is Not Acceptable) 8700 N. 50th St. #126	
83	
84 City TAMPA	85 Zip Code 33617

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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENALDI, ALLEN J	1.2 NAME	
STREET ADDRESS	5320 EPPING LN	1.3 STREET ADDRESS	8700 N. 50th St. #126
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	1.4 CITY - ST - ZIP	TAMPA, FL 33617
TITLE		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		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		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		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		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 (813) 980-1245  
Date Daytime Phone #

CR2E034 (9/96)