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

CORPORATION * ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

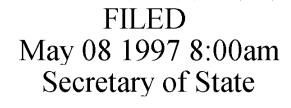
1997

DOCUMENT # P96000054120 (6)

COLANGELO-STONE ASSOCIATES, INC.

Principal Place of Business

5415 N.W. 24TH STREET BUITE 101 MARGATE FL 33083



| Mailing Address | | | | | | | | |
|---|----------------|--|--|--|--|--|--|--|
| 5415 N.W. 24TH STREET SUITE 101 MARGATE FL 33063-7730 | | | | | | | | |
| | | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1996 | | | | | | |
| 28. Mailing Address | diag DA | 4. FEI Number | 7 Applied For | | | | | |
| 26 1130 S. Powerline | | 65-0684131 | Not Applicable | | | | | |
| Suitg Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | | |
| 28) Deer Field Bluch, Fl | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | | |
| 29 33442 30 | USA | | Yes No | | | | | |
| egistered Agent | | 10. Name and Address of New Reg | Name and Address of New Registered Agent | | | | | |
| | 81 Name | | ļ | | | | | |
| | 82 Sygot Addre | 51 Stock Address (P.O. Box Number in Vol Acceptable) | | | | | | |
| | 83 Stp | 302 | | | | | | |
| | 84 Coral | Gables | FL 85 331410 | | | | | |

| GLASSBERG, DAVID M | | 81 | Namo | | | ĺ | | | | |
|---|----------------------------------|-----------|------------|---|---|--------------|----------|--|--|--|
| 5415 N.W. 24TH STREET | | 82 | Stoot | Address (P.O. Roy Number in Not Acceptable) | | ~ | | | | |
| SUITE 101 | | | | リリグン | Addigon (P.O. Box Number in Vol Acceptable) | | j | | | |
| MARGATE FL 33063 | | | 83 | (OL | 2 000- | | | | | |
| ***** | 10411E 1 # 00000 | | | STK | | | | | | |
| | | | 84 | (9)YY | il bables F | FL 85 改名 | 21010 | | | |
| 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 Statules. | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE Sometive, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 1 | 3. | | ADDITIONS/CHANGES TO OFFICERS / | AND DIRECTOR | S IN 12 | | | |
| TITLE | D | DELETÉ 1. | THEF | | | Change | Addition | | | |
| NAME | COLANGELO, JOSEPH | : 1. | ₽ NAME | | | | | | | |
| STREET ADDRESS | 6415 N.W. 24TH STREET, SUITE 101 | 1. | 8 STHEET | ADDRESS | | | Ì | | | |
| CITY-ST-ZIP | MARGATE FL 33063 | 1. | 4 CITY-S | 1- <i>2(</i> P | | | | | | |
| TITLE | 0 | DELETE 2. | 11018 | | | ☐ Change | Addition | | | |
| NAME | STONE, BARRY | 2 | 2 NAME | | | | | | | |
| STREET ADDRESS | 5415 N.W. 24TH STREET, SUITE 101 | 2. | 3 STREET | ADDRESS | | | } | | | |
| CITY-ST-ZIP | MARGATE FL 33063 | 2. | # CITY-S | \$1 - ZIP | | | } | | | |
| TITLE | | DELETE 3 | 1 TITLE | | | Change | Addition | | | |
| NAME | | . 3. | 2 NAME | | | | Ì | | | |
| STREET ADDRESS | | 3. | 3 STREET | ADDRESS | l | | } | | | |
| CITY-ST-ZIP | • | 3. | 4, CITY- 9 | 31-21P | | | | | | |
| TITLE | | DELETE 4. | 1 TITLE | | | Change | Addition | | | |
| NAME | | 4. | 2 NAME | | | | | | | |
| STREET ADDRESS | | 4 | 3 STREET | ADDRESS | | | \ | | | |
| CITY-ST-ZIP | | 4. | 4 CITY-S | T-ZIP | | | | | | |
| TITLE | | DELETE 5. | 1 TITLE | | | Change | Addition | | | |
| NAME | | 5 | 2 NAME | | | | \ | | | |
| STREET ADDRESS | | 5 | 3 \$18EET | ADDRESS | | , | J | | | |
| CITY-ST-ZIP | | 5. | 4 ÇITY - S | 1- ZIP | | |] | | | |
| TITLE | | DELETE 6 | 1 TITLE | | | ☐ Change | Addition | | | |
| NAME | | 6. | 2 NAME | | | | ļ | | | |
| STREET ADDRESS | | 6 | 3 \$TREE1 | ADORESS | | | | | | |
| CITY-ST-ZIP | | 6 | 4 ÇIIY- 9 | 1 - ZIP | | | ĺ | | | |

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 roped or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the concertion 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 12 if charged or on an attachment with an address.