

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

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Jan 24 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 # P96000094259 (4)

1. Corporation Name
MONTAGNA & ASSOCIATES, INC.



Principal Place of Business
106 PALMETTO DUNES CIRCLE
SUITE 1050
NAPLES FL 34113

Mailing Address
106 PALMETTO DUNES CIRCLE
SUITE 1050
NAPLES FL 34113-7560

3. Date Incorporated or Qualified 11/18/1996	3a. Date of Last Report
4. FEI Number 59-3402591	Applied For Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQ.
200 S. BISCAYNE BLVD
SUITE 1050
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name RONALD J. MONTAGNA
82 Street Address (P.O. Box Number is Not Acceptable)
106 PALMETTO DUNES CIR
83
84 City NAPLES FL 85 Zip Code 34113-7560

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: *Ronald J. Montagna* RONALD J. MONTAGNA 1-17-97
Signature typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTAGNA, RONALD JOHN	
STREET ADDRESS	106 PALMETTO DUNES CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTAGNA, MARIANNE	
STREET ADDRESS	106 PALMETTO DUNES CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Ronald J. Montagna* RONALD J. MONTAGNA 1-17-97 941-417-0562
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)