

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S07745 (0)

1. Corporation Name

GRASSANO ASSOCIATES, INC.



Principal Place of Business

**1515 N. FEDERAL HWY.
SUITE 210
BOCA RATON FL 33432**

Mailing Address

**1515 N. FEDERAL HWY.
SUITE 210
BOCA RATON FL 33432**

2. Principal Place of Business

21 Suite, Apt. #, etc
SUITE 218
22 City & State

23 Zip
24 Country

2a. Mailing Address

26 **5816 NW 26TH COURT**
27 Suite, Apt. #, etc

28 **BOCA RATON FL**
29 Zip
30 **PALM BEACH**

3. Date Incorporated or Qualified
10/23/1990

3a. Date of Last Report
01/20/1995

4. FEI Number

65-0229387

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☒

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GRASSANO, ALAN R.
1515 N. FEDERAL HWY.
SUITE 210
BOCA RATON FL 33432**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation president or officer authorized to sign this report

Signature of the registered agent (signature required on new filings)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	D	☐ DELETE
12.2 NAME	GRASSANO, ALAN R.	
12.3 STREET ADDRESS	1515 N. FEDERAL HWY STE. 210	
12.4 CITY-STATE-ZIP	BOCA RATON FL	
12.5 NAME		☐ DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-STATE-ZIP		
12.9 NAME		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 NAME		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☒ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	1515 N. FEDERAL HWY, SUITE 218
13.4 CITY-STATE-ZIP	BOCA RATON FL 33432
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

ALAN R. GRASSANO 1/19/96 407 395-0330

Daytime Phone #

CR2E034 (12/95)