

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S32043** (9)

1. Corporation Name:

DAWN PASQUALONE INTERIORS, INC.



Principal Place of Business

**940 CLEARWATER-LARGO RD
SUITE 104
LARGO FL 34640**

Mailing Address

**940 CLEARWATER-LARGO RD
SUITE 104
LARGO FL 34640**

3. Date Incorporated or Qualified
02/15/1991

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

1567 HIGHLAND AVE.

Suite, Apt. #, etc.

256

City & State

CLEARWATER, FL

Zip

34616

Country

FLORIDA

4. FEI Number
59-3052230

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PASQUALONE, DAWN
940 CLEARWATER LARGO RD 104
LARGO FL 34640**

81 Name

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

1567 HIGHLAND AVE.

83 **# 256**

84 City

CLEARWATER

85 State

FL

86 Zip Code

34616

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **OPV
PASQUALONE, DAWN**
STREET ADDRESS **940 CLEARWATER-LARGO 104**
CITY- ST- ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **TSC
PASQUALONE, DAWN**
STREET ADDRESS **940 CLEARWATER-LARGO 104**
CITY- ST- ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **M
PASQUALONE, DAWN**
STREET ADDRESS **940 CLEARWATER-LARGO 104**
CITY- ST- ZIP **LARGO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **1567 HIGHLAND AVE., #256**
1.4 CITY- ST- ZIP **CLEARWATER, FL 34616**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **1567 HIGHLAND AVE., #256**
2.4 CITY- ST- ZIP **CLEARWATER, FL 34616**

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **1567 HIGHLAND AVE., #256**
3.4 CITY- ST- ZIP **CLEARWATER, FL 34616**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- 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:

Dawn Pasqualone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-96

813.5354427
Daytime Phone #

CR2E034 (12/95)