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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S43321 **DOCUMENT #**

(6)

P.J. LAMANNA, INC.

Principal Place of Business
6544 NW 43RD COURT
CORAL SPRINGS FL 33067

Mailing Address



6544 NW 43 Coral SPR US	RD COURT INGS FL 33067		6544 NW 43RD COURT CORAL SPRINGS FL 33067 US			04/05/1991			e of Last Report 09/25/1995	
2. Principal Place	ne of Business	2a. Mailing Ad	dress			4. FEI Number		Ť	Applied For	
21	oc of Basinock	26	* 1			65-0253834			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.		.,,,	5. Certificate of Status Desired			75 Additional se Required	
City & State		City & Stat	Gity & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zιρ	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s 199.032. Florida Statutes				
24	25	29	30	T		Florida Statutes Yes 10. Name and Address of New F		nent		
	9. Name and Address of Currer	nt Registered Ager	<u> </u>	81	Name	10. Name and Address of New F	egistered F	Jent		
	NA, PATRICK			82		ldress (P.O. Box Number is Not Acceptat	ole)			
4 -	W 43RD COURT . Springs FL 33067			83	 ,		/·····			
				84	City			85	Zip Code	
					′	roration submits this statement for the pu	<u> </u>	1_1		
familiar wit	h, and accept the obligations of, Sec	non 607.0505, Hork Landthefleppi wie	ia statutės (Volti lag	stored Alic		ionation summisting statement for the po- nard of directors. Thereby accept the app	(JATE			
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		Char		
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NAME	LAMANNA, PATRICK J			1.2 NAME						
STREET ADDRESS	6544 N.W. 43RD COURT		Į.	13 STREET						
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31115	P	יט	DELETÉ		1		L			
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STREET ADDRESS	CORAL SPRINGS FL		l l		T ADDRESS					
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NAME			l l	6.2 NAME						
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CITY - ST - ZIP				6.4 CHY-	SI - 7IF	2 Continue to Partie 11	O OZIONIA EN	adda S	Statutes Eurthor	

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 hade under oath, that I am an officer or director of the conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

AMUSK LAMEANA 2/7/96 9543 9/6550

Degree Place #