

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71339** (3)

1. Corporation Name

DENNIS GAROFALO, INC.

Principal Place of Business

Mailing Address

2802 BEARSS AVE
TAMPA FL 33613

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TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

25 City & State

29 City & State

30 City & State

4. FEI Number **59-3089134** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing (Legal Fees) 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

**MCKEON, PAUL V
404 SOUTH WEST SHORE
TAMAP FL 33609**

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 (909) and 607 (108), 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 (05), Florida Statutes.

SIGNATURE

4. Registered Agent (print name and address)

5. Registered Agent (print name and address)

(84)

12. OFFICERS AND DIRECTORS	
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, STATE, ZIP	PD GAROFALO, DENNIS J SR 2502 HIGH OAKS LN LUTZ FL
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, STATE, ZIP	STD GAROFALO, BARBARA J. 2502 HIGH OAKS LN LUTZ FL
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY, STATE, ZIP	
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, STATE, ZIP	
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, STATE, ZIP	
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (81)	
13.1 NAME 13.2 STREET ADDRESS 13.3 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME 13.5 STREET ADDRESS 13.6 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME 13.8 STREET ADDRESS 13.9 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 NAME 13.14 STREET ADDRESS 13.15 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 NAME 13.17 STREET ADDRESS 13.18 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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. 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 on Block 11 of this filing, or on an attachment with an address.

SIGNATURE:

Dennis J. Garofalo Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dennis J. Garofalo Sr.** 4/22/95 813-977-1777