

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

APPROVED
AND
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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 **2802 BEARSS AVE 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 26

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

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

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

23. City & State 28. City & State

6. Election Campaign Financing (Legal Fees) Contribution **\$5.00 May Be Added to Fees**

24. Zip 25. Zip 29. Zip 30. Zip

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**MCKEON, PAUL V
404 SOUTH WEST SHORE
TAMAP FL 33609**

10. Name and Address of New Registered Agent
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(1), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 NAME	PD GAROFALO, DENNIS J SR 2502 HIGH OAKS LN LUTZ FL
12.2 NAME	STD GAROFALO, BARBARA J. 2502 HIGH OAKS LN LUTZ FL
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1)

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	

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 199.07(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.** 4/22/95 813-977-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR