

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V22927 (0)**
 1. Corporation Name
THOMAS F. DIORIO, P.A.



Principal Place of Business: **174 W COMSTOCK AVE STE 209 WINTER PK FL 32789 US**
 Mailing Address: **P O BOX 1686 WINTER PK FL 32780 US**

2. Principal Place of Business: **21 174 W. Comstock Ave. Suite, Apt. #, etc. 22 Suite 215 City & State 23 Winter Park, FL Zip 24 32789 Country 25 USA**
 2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30**

3. Date Incorporated or Qualified: **03/23/1992** 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-3117255** 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
**DIORIO, THOMAS F.
 174 W COMSTOCK AVE
 STE 209
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
 81 Name: **Thomas F. Diorio**
 82 Street Address (P.O. Box Number is Not Acceptable): **174 W. Comstock Avenue**
 83 **Suite 215**
 84 City: **Winter Park** 85 State: **FL** 86 Zip Code: **32789**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE: *Thomas F. Diorio* **Thomas F. Diorio** DATE: **3/18/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIORIO, THOMAS F.	
STREET ADDRESS	1765 VIA CONTESSA	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Thomas F. Diorio* **Thomas F. Diorio** DATE: **3/18/96** TELEPHONE: **(407) 647-6300**

CR2E034 (12/95)