

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V69468**
1. Corporation Name
CONTESSA CONSULTING CORP.

Principal Place of Business / Mailing Address
23417 VISTA LINDA LANE **<same>**
BOCA RATON, FL 33433

3. Date of Incorporation or Qualification: **OCT 8, 1992**
3a. Date of Last Report

2. Principal Place of Business / 2a. Mailing Address
21 **23417 VISTA LINDA LANE** 26 **23417 VISTA LINDA LANE**

4. F.I. Number: **65-0391147**
Applied For Not Applicable

22. State, Apt # etc. / 27. State, Apt # etc.
22. **BOCA RATON, FL** 27. **BOCA RATON, FL**

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

23. City & State / 28. City & State
23. **BOCA RATON, FL** 28. **BOCA RATON, FL**

6. Director, Campaign Financing Trust Fund Contributor:
\$5.00 May Be Added to Fees

24. Zip / 25. Country / 29. Zip / 30. Country
24. **33433** 25. **USA** 29. **33433** 30. **USA**

8. This corporation is liable for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name: **LUCA CONTESSA**
82. Street Address (P.O. Box Number is Not Applicable)
83. **23417 VISTA LINDA LANE**
84. City: **BOCA RATON** FL 85. Zip: **33433**

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (b)(3) 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 a corporation's board of directors. Thereby accepting the appointment of the registered agent named herein, and certifying that the registered office of the corporation is located at the address of the registered agent.

SIGNATURE: *Luca Contessa*

AUG 10 96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DIRECTOR
NAME	LUCA CONTESSA	
STREET ADDRESS	23417 VISTA LINDA LANE	
CITY, STATE, ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

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*****225.00**

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report. I am a director of the corporation and the undersigned is a director of the corporation.

SIGNATURE: *Luca Contessa* **LUCA CONTESSA** **AUG 10 '96** **561-391-9048**

CR2E034 (3/96)