

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JUN 24 AM 11:56

DOCUMENT # P96000018129 (2)
1. Corporation Name
ALETTO & CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**21503 BROOKSHIRE TERRACE
BOCA RATON FL 33433**

Mailing Address
**21503 BROOKSHIRE TERRACE
BOCA RATON FL 33433**

3. Date Incorporated or Qualified **02/27/1996** 3a. Date of Last Report
4. FEI Number **65-0643256** 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. 198.03? Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **21053 Brookshire Terr** 26 **21053 Brookshire Terr**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ALETTO, ALFRED
21503 BROOKSHIRE TERRACE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name **Aletto, Robert**
82 Street Address (P.O. Box Number is Not Applicable) **21053 Brookshire Terr.**
83
84 City **Boca Raton** FL 85 Zip Code **33433**

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALETTO, ROBERT	
STREET ADDRESS	21503 BROOKSHIRE TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALETTO, ALBERT	
STREET ADDRESS	6527 POND APPLE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ALETTO, ALFRED	
STREET ADDRESS	6401 POND APPLE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
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

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STD Julie Aletto
13 STREET ADDRESS	21053 Boca Raton, Fl. 33433
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

100002224511-1
-06/27/97-00018-007 Addition
***165.00 ***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: _____ SIGNATURE REQUIRED

CP2E034 (9/96)