

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Skidmore
Secretary of State
Division of Corporations

APPROVED
AND
FILED

50 MAY 11 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **475231** (7)

1. Corporation Name
BARRETTA AND ASSOCIATES, INC.

Principal Place of Business: 949A CLINT MOORE ROAD
1001 YAMATO RD., STE. 308
BOCA RATON FL 33487
US

Meeting Address: 949A CLINT MOORE ROAD
1001 YAMATO RD., STE. 308
BOCA RATON FL 33487
US

(DO NOT WRITE IN THIS SPACE)

3. Date first incorporated or qualified: **05/06/1975** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: 21. **5484 Woodland Drive** 26. Mailing Address: **5484 Woodland Drive** 4. FEI Number: **59-1612081** Applied For: Not Applicable:

22. State Apt. #. etc.: 27. State Apt. #. etc.: 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **Delray Beach, FL** 28. City & State: **Delray Beach, FL** 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. **33484** 25. **USA** 29. **33484** 30. **Palm Beach** 7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BARRETTA, JAMES T
949A CLINT MOORE ROAD
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent:

B1. Name: _____
B2. Street Address (P.O. Box Number is Not Acceptable): _____
B3. _____
B4. City: _____ FL B5. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0201 and 607.0202, 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 607.0203, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PDST BARRETTA, JAMES T	11. TITLE: _____	11. TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS: 949A CLINT MOORE ROAD BOCA RATON, FL 00000	12. NAME: _____	12. NAME: _____	
	13. STREET ADDRESS: _____	13. STREET ADDRESS: 5484 Woodland Drive Delray Beach, FL 33484	
	14. CITY, ST. ZIP: _____	14. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	15. TITLE: _____	15. TITLE: _____	
	16. NAME: _____	16. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	17. STREET ADDRESS: _____	17. STREET ADDRESS: _____	
	18. CITY, ST. ZIP: _____	18. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	19. TITLE: _____	19. TITLE: _____	
	20. NAME: _____	20. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	21. STREET ADDRESS: _____	21. STREET ADDRESS: _____	
	22. CITY, ST. ZIP: _____	22. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	23. TITLE: _____	23. TITLE: _____	
	24. NAME: _____	24. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	25. STREET ADDRESS: _____	25. STREET ADDRESS: _____	
	26. CITY, ST. ZIP: _____	26. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and that I am qualified for the position stated in Section 199.032, Florida Statutes. I further certify that the information was obtained from the best of my knowledge and belief, and that my signature shall have the same legal effect as if made in person. I understand and agree to execute this report as required by Chapter 607, Florida Statutes, and that my name appears thereon. (Check one)

SIGNATURE: *James T. Barretta* James T. Barretta 4/27/95 407-997-5660