

**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 #**  
 1. Corporation Name

**475 ~~301~~ 231**

**Barretta + Associates, Inc.**

Principal Place of Business

Mailing Address

**Barretta and Associates, Inc.  
 5484 Woodland Drive  
 Delray Beach, FL 33484**

**3. Date Incorporated or Qualified**  
 5/6/1975

**3a. Date of Last Report**  
 4/27/95

**2. Principal Place of Business**

**2a. Mailing Address**

**21 5484 Woodland Drive**  
 Suite, Apt. #, etc.

**26 5484 Woodland Drive**  
 Suite, Apt. #, etc.

**4. FEI Number**  
 59-1612081

Applied For  
 Not Applicable

**22**  
 City & State

**27**  
 City & State

**5. Certificate of Status Desired**   
**6. Election Campaign Financing Trust Fund Contribution**

**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**

**23 Delray Beach, FL**  
 Zip Country

**28 Delray Beach, FL**  
 Zip Country

**8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes**  Yes  No

**24 33484**

**25 USA**

**29 33484**

**30 USA**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Barretta, James T.  
 949 Clint Moore Road  
 Boca Raton, FL 33487**

**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 607.0532 and 607.1505, 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**

Signature typed or printed name of registered agent or director

Date Registered Agent's signature required after 5/1/97

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PDST**  
**Barretta, James T.**  
**5484 Woodland Drive**  
**Delray Beach, FL 33484**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

**11 TITLE**

**12 NAME**

**13 STREET ADDRESS**

**14 CITY - ST - ZIP**

**21 TITLE**

**22 NAME**

**23 STREET ADDRESS**

**24 CITY - ST - ZIP**

**31 TITLE**

**32 NAME**

**33 STREET ADDRESS**

**34 CITY - ST - ZIP**

**41 TITLE**

**42 NAME**

**43 STREET ADDRESS**

**44 CITY - ST - ZIP**

**51 TITLE**

**52 NAME**

**53 STREET ADDRESS**

**54 CITY - ST - ZIP**

**61 TITLE**

**62 NAME**

**63 STREET ADDRESS**

**64 CITY - ST - ZIP**

**700001925287**  
**-08/19/96--01013--027**  
**\*\*\*225.00**

**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 sole 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 addition with an address.**

**SIGNATURE:**

*James T. Barretta*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James T. Barretta** 5/7/96 1107-997-860

05 8/19/96

CR2E034 (12/95)