

**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 # **F39676** (4)  
1. Corporation Name  
**LAW OFFICES OF FRANK COMPARETTO, JR., P.A.**



Principal Place of Business: **2033 E EDGEWOOD DR LAKELAND FL 33802**  
Mailing Address: **2033 E EDGEWOOD DR LAKELAND FL 33802**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>114 N. Tennessee Avenue</b>	26	<b>114 N. Tennessee Avenue</b>	<b>05/12/1981</b>	<b>04/11/1995</b>
22. Suite, Apt. #, etc. <b>Suite 204</b>		27. Suite, Apt. #, etc. <b>Suite 204</b>		4. FEI Number	Applied For
23. City & State <b>Lakeland, FL</b>		28. City & State <b>Lakeland, FL</b>		<b>59-2100173</b>	Not Applicable
24. Zip <b>33801</b>	25. Country <b>USA</b>	29. Zip <b>33801</b>	30. Country <b>USA</b>	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COMPARETTO, FRANK JR. 2033 EAST EDGEWOOD DR., LAKELAND FL 33802</b>				81. Name	<b>Frank Comparetto, Jr.</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>114 N. Tennessee Avenue</b>		
				83. Suite	<b>Suite 204</b>		
				84. City	<b>Lakeland</b>	85. Zip Code	<b>FL 33801</b>

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK COMPARETTO JR</b>	1.2 NAME	
STREET ADDRESS	<b>2033 E EDGEWOOD DR</b>	1.3 STREET ADDRESS	<b>114 N. Tennessee Avenue, Suite 204</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>Lakeland, FL 33801</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: **Frank Comparetto, Jr.** *1/23/96* *941/665-6565*

CR2E034 (12/95)