FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Aug 23 1996 8:00 am
Secretary of State

DOCUMENT # **L33206** **(8)**

1. Corporation Name

PETER LETTERESE AND ASSOCIATES, INC.

Principal Place of Business
5000 S.W. 148TH AVE.
FT. LAUDERDALE FL 33330

Mailing Address
5000 S.W. 148TH AVE.
FT. LAUDERDALE FL 33330

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/01/1989**

3a. Date of Last Report: **09/06/1995**

4. FEI Number: **65-0165610** 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Grasman, Keith A. Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 2929 E. Commercial Blvd.
83 Suite 702
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

11. Pursuant to the provisions of Sections 607.0505 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: X Keith A. Grasman 8/26/96
Signature, typed or printed name of registered agent — Registered Agent's signature required for name change — DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	LETTERESE, PETER	
STREET ADDRESS	5000 S.W. 148TH AV.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PSD	☐ DELETE
NAME	LETTERESE, BARBARA	
STREET ADDRESS	5000 S.W. 148TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	DASHMAN, DANIEL	
STREET ADDRESS	POST OFFICE BOX 613,RADIO CITY STATION	
CITY-ST-ZIP	NYC NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	700001935417	
1.3 STREET ADDRESS	-08/29/96--01015--010	
1.4 CITY-ST-ZIP	****233.75 ****233.75	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	700001935417	
2.3 STREET ADDRESS	-08/29/96--01015--011	
2.4 CITY-ST-ZIP	******8.75 ******8.75	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	6 Dailey Drive	
3.4 CITY-ST-ZIP	Croton-on-Hudson, NY 10520	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Estelle T. Dashman	
4.3 STREET ADDRESS	11 Riverview Farm Road	
4.4 CITY-ST-ZIP	Ossining, NY 10562	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Daniel D. Dashman DANIEL D. DASHMAN 8/7/96 954 434 4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone