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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33330-2416



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1989		3a. Date of Last Report 08/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0165610		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GASMAN, KEITH A ESQUIRE
2929 E. COMMERCIAL BLVD.
SUITE 702
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTERESE, PETER	1.2 NAME	
STREET ADDRESS	5000 S.W. 148TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTERESE, BARBARA	2.2 NAME	
STREET ADDRESS	5000 S.W. 148TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASHMAN, DANIEL	3.2 NAME	Dashman, Daniel
STREET ADDRESS	8 DAILY DRIVE	3.3 STREET ADDRESS	6 Dailey Drive
CITY - ST - ZIP	CROTON-ON-HUDSON NY 10520	3.4 CITY - ST - ZIP	Croton-On-Hudson NY 10520
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DASHMAN, ESTELLE T	4.2 NAME	Bohlig, Ramona
STREET ADDRESS	11 RIVERVIEW FARM ROAD	4.3 STREET ADDRESS	5000 SW 148th Avenue
CITY - ST - ZIP	OSSINING NY 10562	4.4 CITY - ST - ZIP	FL. LAUDERDALE, FL 33330
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Fagan, Jeffrey
STREET ADDRESS		5.3 STREET ADDRESS	2900 Bahama Drive
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MIRAMAR, FL 33023
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Karos, Thomas
STREET ADDRESS		6.3 STREET ADDRESS	20060 marford court
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Grosse Pointe Woods MI 48236

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Ramona R. Bohlig 4/29/97 954-434-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)