

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33206

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WOIFF, ARTHUR M
2601 EAST OAKLAND PARK BLVD.
403
FT. LAUDERDALE FL 33306

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

Signature: typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

[] DELETE

NAME

LETTERESE, PETER

STREET ADDRESS

5000 S.W. 148TH AVE.

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

KARAS, THOMAS

STREET ADDRESS

20060 MARFORD CT

CITY-ST-ZIP

GROSSE POINTE WOODS MI

TITLE

D

[] DELETE

NAME

BOHLIG, RAMONA

STREET ADDRESS

5000 SW 148TH AVE

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

D

[] DELETE

NAME

FAGAN, JEFFREY

STREET ADDRESS

2900 BAHAMA DR

CITY-ST-ZIP

MIRAMAR FL

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

700002784917-6

-02/23/99-01078-022

****158.75 ****158.75

[] Change [] Addition

[] Change [] Addition

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JD-B-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

Peter Letterese, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 15, 1999

954-434-4568

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