PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMEN Sandra B. Mort Secretary of S DIVISION OF CORPC	STATE:		
DOCUMENT #	P93000027	405 (8)			
1. Corporation Name FRANK J. LETTERI PA				I SOBINER: NO IONO ENNI DANI ONI	I GAINE GONTA HINEE HABIN ANDIN AGUNT ANNI HODI
Principal Place of Business Mailing Address					
110 ROYAL PALMS DRIVE 110 ROYAL PALMS DRIVE LARGO FL 34641 LARGO FL 34641			3. Date incorporated or Qualified	3a. Date of Last Report	
		11.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		04/09/1993	08/18/1995
2. Principal Place of Business 21	28. Ma 26	iling Address	ł	4. FEI Number 65-0402122	Applied For Not Applicable
Suite, Apt. #, etc.	Su 27	te, Apt. ⊭, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Cit	y & State		6. Election Campaign Financing	\$5.00 May Be
23 ZipCou	intry Zip	Ci	ountry	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s 199.032,
24 25 9. Name and Ad	29 dress of Current Registere	d Agent		Florida Statutes Yes 10. Name and Address of New F	Registered Agent
LETTERI, FRANK J 110 ROYAL PALMS DRIVE LARGO FL 34641		81 Name 82 Street Addin 83	uss (P.O. Box Number is Not Acceptat	sie)	
or registored agent, or both, in familiar with, and accept the ob	the State of Florida. Such cha	inge was authorized by the 5, Florida Statutes.	Corporation's boar	ation submits this statement for the pu rd of directors. Thereby accept the app dwm.essetry ADDITIONS/CHANGES TO OFT	ointment as registered agent. I am
TITLE D NAME LETTERI, FRAN STREET ADDRESS 110 ROYAL PA CITY-ST-ZIP LARGO FL 346	NK J Alms drive	DELETE 1 1 12 13 14	• · · · · · • • • •	<u></u>	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE 2 2 27 23 24	11E 24 1 ADU€: SS 1 S ¹¹ 7 ²⁴		🗋 Change 🔲 Addition 🤇
TITLE NAME STREET ADDRESS CITY-S7-ZIP		DELEIE 3 3: 3:	F 19 19 Manufiess 19 SE 20		Change Addition
TITLE NAME STREET ADDRESS CUTY-ST-7-P		DELEIE 4	e Fet Aduress - S1-ZIP		Change 🔲 Addition
TILLE NAME STAFET ADDRESS		DELEIE 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	F Palet Adviness		Criange 🔲 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		54 DELETE 61 622 635 640	Y ST 20 LE ME GET ADDRESS Y ST 20		Change C Addition
14. I do hereby certify that the infor certify that the information indic oath; that I am an officer or dire appears in Block 12 or Block 1 SIGNATURE:	ated on this annual report or is istor of the corporation or the sticharged, or on an attachr and 1 hetten	supplemental annual report receiver or trustee empowe	does not qualify true and accur ad to execute th	for the exemption stated in Section 118 ate and that my signature shall have the is report as required by Chapter 607, 1 ++eri = 3/27/	e same legal effect as if made under Florida Statutes; and that my name