

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079972 (2)**

1. Corporation Name  
**LETOLE CORP.**

Principal Place of Business

**3900 NO. 45TH AVENUE  
HOLLYWOOD FL 33021**

Mailing Address

**3900 NO. 45TH AVENUE  
HOLLYWOOD FL 33021-1720**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0626715</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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

**SELIGMAN, LEE  
3900 NO. 45TH AVENUE  
HOLLYWOOD FL 33021**

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

*Tobi Reiss*

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

(NOTE: Registered Agent signature required when reinstating)

**4/15/97**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REISS, TOBI 3880 NO. 40TH AVENUE HOLLYWOOD FL 33021	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD REISS, TOBI 3880 NO. 40TH AVENUE HOLLYWOOD FL 33021	1.2 NAME	
STREET ADDRESS	PD REISS, TOBI 3880 NO. 40TH AVENUE HOLLYWOOD FL 33021	1.3 STREET ADDRESS	
CITY - ST - ZIP	PD REISS, TOBI 3880 NO. 40TH AVENUE HOLLYWOOD FL 33021	1.4 CITY - ST - ZIP	
TITLE	VD GELBER, LEAH 4021 NO. 41ST COURT HOLLYWOOD FL 33021	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD GELBER, LEAH 4021 NO. 41ST COURT HOLLYWOOD FL 33021	2.2 NAME	
STREET ADDRESS	VD GELBER, LEAH 4021 NO. 41ST COURT HOLLYWOOD FL 33021	2.3 STREET ADDRESS	
CITY - ST - ZIP	VD GELBER, LEAH 4021 NO. 41ST COURT HOLLYWOOD FL 33021	2.4 CITY - ST - ZIP	
TITLE	ST SELIGMAN, LEE 3900 NO 45TH AVENUE HOLLYWOOD FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST SELIGMAN, LEE 3900 NO 45TH AVENUE HOLLYWOOD FL	3.2 NAME	
STREET ADDRESS	ST SELIGMAN, LEE 3900 NO 45TH AVENUE HOLLYWOOD FL	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST SELIGMAN, LEE 3900 NO 45TH AVENUE HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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:

*Tobi Reiss* **TOBI REISS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/97**

Date

**987-4330**

Daytime Phone #

0129277

CR2E034 (9/96)