

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 241339**

**(1)**

**95 FEB 24 AM 11:18**

1. Corporation Name

**P.E.P., INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1833 S.E. 17TH ST., PILOT HOUSE BLDG.  
13017 PORT EVERGLADES STATION  
FT LAUDERDALE FL 33316**

Mailing Address: **1833 S.E. 17TH ST., PILOT HOUSE BLDG.  
13017 PORT EVERGLADES STATION  
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **10/21/1960**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0913068**

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, ROBERT I  
1833 SE 17TH ST  
FT LAUDERDALE, FL  
33316**

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 signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>
NAME	<b>BORUP, C.B.</b>
STREET ADDRESS	<b>2611 S.E. 21ST ST.</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>THORUP, W. B. J</b>
STREET ADDRESS	<b>5555 S.W. 61ST AVE</b>
CITY - ST - ZIP	<b>DAVE FL</b>
TITLE	<b>VD</b>
NAME	<b>PARENT, ROLAND R.</b>
STREET ADDRESS	<b>705 SE 5TH COURT</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>P</b>
NAME	<b>HAIRSTON, JAMES D</b>
STREET ADDRESS	<b>1535 PONCE DE LEON DRIVE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>JACKSON, ROBERT I</b>
STREET ADDRESS	<b>1833 S.E. 17TH ST.</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 199.07(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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert I. Jackson**

**2/21/95**

**(305) 522-4491**