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Feb 27 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 # F48865 (2)

1. Corporation Name
ERIC A. PETERSON, P.A.

Principal Place of Business
1550 SOUTHERN BLVD.
P.O. BOX 15700
WEST PALM BEACH FL 33406

Mailing Address
1550 SOUTHERN BLVD.
P.O. BOX 15700
WEST PALM BEACH FL 33406-3240



3. Date Incorporated or Qualified 11/01/1981
3a. Date of Last Report 04/12/1996

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields. Includes sub-fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number 59-2144680, 5. Certificate of Status Desired, 6. Election Campaign Financing, and 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent
PETERSON, ERIC A.
1550 SOUTHERN BLVD.
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Section 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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)