

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F58717 (2)**

1. Corporation Name  
**P.E.B., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % PAUL E. BEGGROW 4710 SO. DIXIE HWY WEST PALM BEACH FL 33405	Mailing Address % PAUL E. BEGGROW 4710 SO. DIXIE HWY WEST PALM BEACH FL 33405
--	--

3. Date Incorporated or Qualified <b>12/16/1981</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2141634</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>337 MURRAY RD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>337 MURRAY RD</b> Suite, Apt. #, etc.		
22 <b>WEST PALM BEACH</b> City & State	27 <b>WEST PALM BEACH</b> City & State		
23 <b>FL</b> City & State	28 <b>FL</b> City & State		
24 <b>33405</b> Zip	25 Country	29 <b>33405</b> Zip	30 Country

8. Name and Address of Current Registered Agent

**BEGGROW, PAUL E.**  
**4710 SO. DIXIE HIGHWAY**  
**WEST PALM BEACH FL**

10. Name and Address of New Registered Agent

81 Name	<b>PAUL E. BEGGROW</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>337 MURRAY ROAD</b>
83	
84 City	<b>WEST PALM BEACH FL</b>
85 Zip Code	<b>33405</b>

*ADD CHANGES ONLY*

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PAUL E. BEGGROW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGGROW, PAUL E</b>	1.2 NAME	<b>PAUL E. BEGGROW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4710 S DIXIE HIGHWAY</b>	1.3 STREET ADDRESS	<b>337 MURRAY RD</b>
CITY-ST-ZIP	<b>WEST PALM BCH, FL 00000</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>
TITLE	<b>SVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGGROW, NANCY</b>	2.2 NAME	<b>NANCY BEGGROW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4710 S DIXIE HIGHWAY</b>	2.3 STREET ADDRESS	<b>337 MURRAY RD</b>
CITY-ST-ZIP	<b>WEST PALM BCH, FL 00000</b>	2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

CR2E034 (10/97)