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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G02923

M.J. PETER & ASSOCIATES, INC.

6.4 CITY-ST-ZIP

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90017 004 ***150.00



1	lace of Business	Mailing Address				{	()	II) BIRI) BIRII (BBI
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STE B		STE B						
ORLANDO F	L 32839	ORLANDO FL 32839						
US	•	US				DO NOT WRITE II	N THIS SPACE	
		00				3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2-11-7				09/29/1982		
21		2a. Mailing Address				4. FEI Number		A Amilia d P
	at # ata	26	_			59-2239157	├	Applied For
	ot. #, etc.	Suite, Apt. #, etc.				1		Not Applicable
22		27				5. Certificate of Status Desired		Additional
City & St	ate	City & State					Fee F	Required .
23		28				6. Election Campaign Financing	\$5.00	May Be
Zip	Country	Zip	Country			Trust Fund Contribution	Added	to Fees
24	25			intry		8. This corporation owes the current ye	ear Intangible	
		29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered Acont	
141	GER MERC	<u>}</u>		81 Na	me .	Negis	re-en Wilelit	—— — —
JAEGER, JAERG								
217 E IVANHOE BLVD, N.			.	82 Street Address (P.O. Box Number is Not Acceptable)				
ORI	LANDO FL 32804							1
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			}	84 City			31)	
44 10	·					The second of th	85 Zip	Code
Unsuani	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	ove-nam	ed corner	ration submits this statement for the purpo		1
C agent I	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was at	uthorized	by the co	rporation	ration submits this statement for the purpo 's board of directors. I hereby accept the a	se of changing its	registered
SIGNATURE	and a soop and obligation	ons or, Section 607:0505, Flor	ida Statu	tes.			appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if and to the						J
12.	OFFICERS AND	DIRECTORS (NOTE:	Registered A	Agent signatu	re required w	men reinstating) DAT		
TITLE	D OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER		IRS IN 12
NAME	1 =	☐ DELETE	1.1 TITL	.E			Change	Addition
	PETER, MICHEAL		1.2 NAM	1E			∟ change	☐ Addition
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CITY-ST-ZIP	ORLANDO FL		•		~			
πLE	PST	☐ DELETE		-ST-ZIP	+-			1
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CITY-ST-ZIP	ODLANDO EL			E EET ADDRES	s		☐ Change	Addition
	ORLANDO FL		2.3 STRE	EET ADDRES	s		☐ Change	Addition
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30.00	ORLANDO FL	☐ DELETE	2.3 STRE 2. 4 CITY 3.1 TITLE	EET ADDRES (-ST-ZIP	s		☐ Change	Addition
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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 Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

407-856-9311