

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N49580 (6)

1. Corporation Name
PEER CENTER, INC.



Principal Place of Business 2901 W OAKLAND PK BLVD. B-14 OAKLAND PARK FL 33311 US	Mailing Address 2901 W OAKLAND PK A-12 OAKLAND PARK FL 33311-1243 US
---	--

3. Date Incorporated or Qualified 06/26/1992	3a. Date of Last Report 03/20/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0395121	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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

**DAVID JOHN
408 ANDREWS AVE
STE. 202
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name KIM SHERMAN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 2400 EAST OAKLAND PARK BLVD.
83
84 City FT. LAUDERDALE, FL
85 Zip Code 33306

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kim Douglas Sherman* *Kim Douglas Sherman* **6-18-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MOENING, MARK	
STREET ADDRESS 716 SW 4TH STREET, #1	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME FERRANTE, STEVE	
STREET ADDRESS 3680 NE 16TH AVE	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MARTIN, DAWN	
STREET ADDRESS 9311 NW 14TH COURT	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME FREY, VIRGINIA	
STREET ADDRESS 2757 NW 9TH TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE DC	<input checked="" type="checkbox"/> DELETE
NAME COOPER, ED	
STREET ADDRESS 5201 NE 24TH TERR A-103	
CITY-ST-ZIP FT LADUERDALE FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME SHACFTMAN, ERIC	
STREET ADDRESS 2780 PINE ISLAND RD	
CITY-ST-ZIP SUNRISE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DULUDE, RICHARD	
1.3 STREET ADDRESS 2607 WILEY STREET	
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME CHIRONNO, ARLYNE	
3.3 STREET ADDRESS 3701 CLEVELAND STREET	
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME MERSON, FLORENCE	
4.3 STREET ADDRESS 8135 SUNRISE LAKES BLVD. #311	
4.4 CITY-ST-ZIP SUNRISE, FL 33322	
5.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME GAULDIN, LEWIS	
5.3 STREET ADDRESS 2820 SOMERSET DR. #311	
5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311	
6.1 TITLE D	<input checked="" 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Richard M. Dulude* **RICHARD M. DULUDE 5/14/97**

CR2E037 (9/96)