

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90131 005 ****61.25

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DOCUMENT # N49580

1. Corporation Name

PEER CENTER, INC.

Principal Place of Business

2901 W OAKLAND PK
A-12
OAKLAND PARK FL 33311
US

Mailing Address

2901 W OAKLAND PK
A-12
OAKLAND PARK FL 33311
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/26/1992

4. FEI Number

65-0395121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHERMAN, KIM ESQ.
2400 EAST OAKLAND PARK BLVD.
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 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

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 CD
NAME PAZICKY, EDWARD
STREET ADDRESS 455 NW 17TH PLACE #8
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D
NAME SISISKY, ALAN
STREET ADDRESS 111. BRINEY AVE #2208
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE SD
NAME MORROW, PAT
STREET ADDRESS 1000 SW 84TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D
NAME MERSON, FLORENCE
STREET ADDRESS 8135 SUNRISE LAKES BLVD., #311
CITY-ST-ZIP SUNRISE FL

TITLE VC
NAME FISHER, STEVE
STREET ADDRESS 11443 LAKE VIEW DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE DT
NAME SHACFTMAN, ERIC
STREET ADDRESS 2780 PINE ISLAND RD
CITY-ST-ZIP SUNRISE FL 33322

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT Ex. Dir. 2/3/99 954-484-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)