

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38527**
1. Corporation Name

PEER Consultants, P.C.

Principal Place of Business Mailing Address
**12300 Twinbrook Parkway, Suite 410
Rockville, Md. 20852**

3. Date Incorporated or Qualified 2/23/78	3a. Date of Last Report 7/11/95
4. FET Number 52-1135381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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

9. Name and Address of Current Registered Agent

**Richard V. Reikenis P.E.
1560 Orange Avenue
Suite 700
Winter Park, Florida 32789**

10. Name and Address of New Registered Agent

81 Name Lilia A. Abron
82 Street Address (P.O. Box Number is Not Acceptable) 1460 Gulf Blvd., Suite 1110B
83 City Clearwater
84 State FL
85 Zip Code 34630

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 **Lilia A. Abron, President**

Date of Registration Change (Not Applicable for this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE Treasurer	<input checked="" type="checkbox"/> DELETE
NAME Jeffrey Weinberger	
STREET ADDRESS 6504 Griffith Rd.	
CITY-ST-ZIP Laytonsville, Md. 20882	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Paulette B. Wright	
1.3 STREET ADDRESS 11303 Baritone Court	
1.4 CITY-ST-ZIP Silver Spring, Md. 20901	
2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 	
2.3 STREET ADDRESS 	
2.4 CITY-ST-ZIP 	
3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 	
3.3 STREET ADDRESS 	
3.4 CITY-ST-ZIP 	
4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 	
4.3 STREET ADDRESS 	
4.4 CITY-ST-ZIP 	
5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 	
5.3 STREET ADDRESS 500001856785	
5.4 CITY-ST-ZIP -06/10/96--01017--026	
5.5 STREET ADDRESS ***233.75	
6.1 TITLE 	<input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Paulette B. Wright** Paulet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96 (301)816-0700
DATE PHONE

CR2E034 (12/95)