

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000077573 (2)**

1. Corporation Name

PETER LAWRENCE COMMERCIAL REAL ESTATE, INC.



Principal Place of Business
**4710 EISENHOWER BLVD
C1
TAMPA FL 33634
US**

Mailing Address
**4710 Eisenhower Blvd. Suite
C-1
Tampa, Florida 33634
US**

3. Date Incorporated or Qualified **11/09/1993** 3a. Date of Last Report **03/16/1995**

4. FEI Number **65-0463688** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOROWITZ, LAWRENCE D.
4710 EISENHOWER BLVD.
SUITE C1
TAMPA FL 33634**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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, if applicable, _____

(NOTE: Registered Agent signature required when registering _____)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **DP HOROWITZ, LAWRENCE**
STREET ADDRESS **4710 Eisenhower Blvd. Suite C-1**
CITY-ST-ZIP **Tampa, Florida 33634**

TITLE DELETE
NAME **DC ABRAMS, ALLAN**
STREET ADDRESS **4710 Eisenhower Blvd. Suite C-1**
CITY-ST-ZIP **Tampa, Florida 33634**

TITLE DELETE
NAME **S LLEWELLYN, ROBERTA**
STREET ADDRESS **4710 Eisenhower Blvd. Suite C-1**
CITY-ST-ZIP **Tampa, Florida 33634**

TITLE DELETE
NAME **VP SHAPIRO, JAMES**
STREET ADDRESS **4710 Eisenhower Blvd. Suite C-1**
CITY-ST-ZIP **Tampa, Florida 33634**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**200001819592
-05/14/96--01012--014
***200.00**

5/1/96

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence D. Horowitz (President)

CR2E034 (12/95)