

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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. SUITE C-1 TAMPA, FLORIDA 33634 US
Mailing Address: 4710 EISENHOWER BLVD SUITE C-1 TAMPA, FLORIDA 33634 US

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

3. Date Incorporated or Qualified: 11-09-1993
3a. Date of Last Report: 03-16-1996
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

9. Name and Address of Current Registered Agent
HOROWITZ, LAWRENCE D
4710 EISENHOWER BLVD.
SUITE C-1
TAMPA, FLORIDA 33634

10. Name and Address of New Registered Agent
81 Name: ALLAN ABRAMS
82 Street Address (P.O. Box Number is Not Acceptable): 4710 EISENHOWER BLVD
83 SUITE C-1
84 City: TAMPA FL 85 Zip Code: 33634

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 the obligations of the registered agent as set forth in Section 607.0505, Florida Statutes.
SIGNATURE: X *Allan Abrams* DATE: 4/21/97
Allan Abrams, Chairman (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input checked="" type="checkbox"/> DELETE	NAME: HOROWITZ, LAWRENCE STREET ADDRESS: 4710 EISENHOWER BLVD C-1 CITY-ST-ZIP: TAMPA, FLORIDA 33634	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DC <input type="checkbox"/> DELETE	NAME: ABRAMS, ALLAN STREET ADDRESS: 4710 EISENHOWER BLVD C-1 CITY-ST-ZIP: TAMPA, FLORIDA 33634	1.2 NAME	
TITLE: S <input type="checkbox"/> DELETE	NAME: LLEWELLYN, ROBERTA STREET ADDRESS: 4710 EISENHOWER BLVD C-1 CITY-ST-ZIP: TAMPA, FLORIDA 33634	1.3 STREET ADDRESS	
TITLE: VP <input type="checkbox"/> DELETE	NAME: JAMES J. SHAPIRO STREET ADDRESS: 4710 EISENHOWER BLVD C-1 CITY-ST-ZIP: TAMPA, FLORIDA 33634	1.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		2.2 NAME	
TITLE: <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.2 NAME	
TITLE: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4.2 NAME	
TITLE: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.2 NAME	
TITLE: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	500002178775
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	-05/14/97--01104--015
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	***165.00
TITLE: <input type="checkbox"/> DELETE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	CS
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	516197

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: X *Allan Abrams* DATE: 4/21/97
Allan Abrams, chairman

CR2E034 (9/96)