

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

**APPROVED AND FILED**

95 APR 25 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000017934 (8)**  
1. Corporation Name  
**DIANE & PETER, INC.**

Principal Place of Business      Mailing Address

**5200 TOWN CENTER CIRCLE  
SUITE 105  
BOCA RATON FL 33486**      **5200 TOWN CENTER CIRCLE  
SUITE 105  
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1060 Holland Drive	26	Same as 2	03/08/1994	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 3B		27		65-0482664	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Boca Raton, Fl.		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33487	25	Country USA	6. 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				10. Name and Address of New Registered Agent			
SCHIMMEL, DIANE 5200 TOWN CENTER CIRCLE BOCA RATON FL 33433				B1	Name Diane Schimmel		
				B2	Street Address (P.O. Box Numbers Not Acceptable) 1060 Holland Drive		
				B3	City Boca Raton		
				B4	FL	B5	Zip Code 33487

11. Pursuant to the provisions of Sections 607.0302 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: *Diane Schimmel* DATE: 4/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMMEL, DIANE	1.2 NAME	DIANE SCHIMMEL
STREET ADDRESS	5200 TOWN CENTER CIR., STE. 105	1.3 STREET ADDRESS	1060 HOLLAND DR. STE 3B
CITY - ST - ZIP	BOCA RATON FL 33486	1.4 CITY - ST - ZIP	BOCA RATON, FL. 33487
TITLE	VT	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORN, PETER	2.2 NAME	DORN, PETER
STREET ADDRESS	5200 TOWN CENTER CIR., STE. 105	2.3 STREET ADDRESS	1060 HOLLAND DR. STE 105
CITY - ST - ZIP	BOCA RATON FL 33486	2.4 CITY - ST - ZIP	BOCA RATON, FL. 33487
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: *Diane Schimmel* DATE: 4/30/95 407-241-1945