

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

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90041 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000010943

1. Corporation Name
PETER HALMOS & SONS, INC.

Principal Place of Business
 621 NW 53RD ST., STE. 300
 BOCA RATON FL 33487

Mailing Address
 5725 CORPORATE WAY, STE. 101
 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/02/1998

4. FEI Number
65-0808606 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. 224 Datura Street
 Suite, Apt. #, etc.
 22. Suite 315
 City & State
 23. West Palm Beach, FL
 Zip Country
 24. 33401 25. USA

2a. Mailing Address

26. c/o McGrath & Meyers, P.A.
 Suite, Apt. #, etc.
 27. 5725 Corporate Way, #101
 City & State
 28. West Palm Beach, FL
 Zip Country
 29. 33407 30. USA

9. Name and Address of Current Registered Agent

ARNOLD, ROBERT J
621 NW 53RD ST., STE. 300
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81. Name
Arnold, Robert J.

82. Street Address (P.O. Box Number is Not Acceptable)
224 Datura Street, Suite 315

83.

84. City **West Palm Beach, FL** 85. Zip Code **33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HALMOS, PETER	1.2 NAME	D, P Halmos, Peter
STREET ADDRESS	621 NW 53RD ST., STE. 300	1.3 STREET ADDRESS	224 Datura Street, Suite 315
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Arnold, Robert J.
STREET ADDRESS		2.3 STREET ADDRESS	224 Datura Street, Suite #315
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 Date: **3/19/99** Daytime Phone #: **561-883-6300**

CR2E034 (11/98)