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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 703788 (0)

1. Corporation Name
PEACOCK FOUNDATION, INC.

Principal Place of Business	Mailing Address
100 SE 2ND STREET STE 2370. INTERNATIONAL PL MIAMI FL 33131-2145 US	100 SE 2ND STREET STE 2370. INTERNATIONAL PL MIAMI FL 33131-2100 US

3. Date Incorporated or Qualified: 03/23/1962
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business	2a. Mailing Address
21 NATIONSBANK TOWER, SUITE 2370	26 NATIONSBANK TOWER, SUITE 2370
Suite, Apt. #, etc. 22 100 SE 2 STREET	Suite, Apt. #, etc. 27 100 SE 2 STREET
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33131-2145 25 USA	Zip / Country 29 33131-2145 30 USA

4. FEI Number: 59-0999759 ☐ 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

RICKARD, BARBARA A.
100 SE 2ND STREET
STE 2370, INTERNATIONAL PLACE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
NATIONSBANK TOWER, SUITE 2370

83
100 SE 2 STREET

84 City
MIAMI FL 85 Zip Code 33131-2145

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BARR, SAMUEL L. JR.		1.2 NAME		
STREET ADDRESS	801 BRICKELL AVE, 19TH FLR		1.3 STREET ADDRESS	10 MARBELLA CT HAMMOCK CT	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	STDM	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RICKARD, BARBARA A.		2.2 NAME		
STREET ADDRESS	100 SE 2ND ST, STE 2370		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33131-2145	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HEMMINGS, ARTHUR I		3.2 NAME		
STREET ADDRESS	2582 S E 7 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP	HOMESTEAD FL 33033-5210	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: Barbara A. Rickard BARBARA A RICKARD 04/23/97 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026439