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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49580 1. Corporation Name PEER CENTER, INC.	(6)
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Principal Place of Business 2901 W OAKLAND PK BLVD. A-12 OAKLAND PARK FL 33311 US	Mailing Address 2901 W OAKLAND PK A-12 OAKLAND PARK FL 33311 US
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3. Date Incorporated or Qualified 06/26/1992	
4. FEI Number 65-0395121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2901 W. Oakland Park Blvd. A-12 Suite, Apt. #, etc. 22 A-12 City & State 23 Oakland Park, FL 33311 Zip 24 33311 Country 25 USA	2a. Mailing Address 26 2901 W. Oakland Park Blvd. A-12 Suite, Apt. #, etc. 27 A-12 City & State 28 Oakland Park, FL 33311 Zip 29 33311 Country 30 USA
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9. Name and Address of Current Registered Agent SHERMAN, KIM ESQ. 2400 EAST OAKLAND PARK BLVD. FT LAUDERDALE FL 33306	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DULUDE, RICHARD	1.2 NAME	Edward Pazicky
STREET ADDRESS	2807 WILEY ST.	1.3 STREET ADDRESS	455 NW 17th Place #8
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Alan Sisisky <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRANTE, STEVE	2.2 NAME	111 Briney Ave. #2208
STREET ADDRESS	3680 NE 16TH AVE	2.3 STREET ADDRESS	Pompano Beach, FL 33062
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Pat SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRONNO, ARLYNE	3.2 NAME	Pat Morrow
STREET ADDRESS	3701 CLEVELAND ST.	3.3 STREET ADDRESS	1000 SW 84th Ave
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MERSON, FLORENCE	4.2 NAME	
STREET ADDRESS	8135 SUNRISE LAKES BLVD., #311	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAULDIN, LEWIS	5.2 NAME	Steve Fisher
STREET ADDRESS	2820 SOMERSET DR., #311	5.3 STREET ADDRESS	11443 Lakeview Dr.
CITY-ST-ZIP	FT LADUERDALE FL	5.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACFTMAN, ERIC	6.2 NAME	Eric Shactman
STREET ADDRESS	2780 PINE ISLAND RD	6.3 STREET ADDRESS	2780 Pine Island Rd
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	Sunrise, FL 33322

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

SIGNATURE _____ 4-20-98 (900) 460 8821

CR2E037 (10/97)