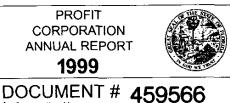
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90057 027 \*\*\*150 00

Corporation Hame	
PEB ASSOCIATES, INC.	

Mailing Address Principal Place of Business 9614 MAYWOOD DRIVE 9614 MAYWOOD DRIVE WINDERMERE FL 34786 WINDERMERE FL 34786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/13/1974 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1562041 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired  $\Box$ Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country ΠNo 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WARD, CRAIG B. Street Address (P.O. Box Number is Not Acceptable) 105 E. ROBINSON ST. SUITE 501 83 ORLANDO FL 32801 85 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change ☐ Addition DELETE 11 TM E TITLE **BLOUSTEIN, PETER** 1.2 NAME NAME 9614 MAYWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE **BLOUSTEIN. ARIADNE N.** 2.2 NAME NAME 9614 MAYWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP

DELETE ☐ Change □ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4,1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CfTY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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:

G OFFICER OR DIRECTOR

CR2E034 (11/98)