

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 AM 10:00

**DOCUMENT # 219579 (0)**

1. Corporation Name

**PEERLESS INVESTMENT CORPORATION**

Principal Place of Business

4456 SE FEDERAL HIGHWAY  
STUART FL 34997

Mailing Address

4456 SE FEDERAL HIGHWAY  
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1963

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0967358

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

MARCANTHONY, ARMAND  
4456 SE FEDERAL HWY  
STUART FL 33497

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | PD                   |
| NAME            | MARCANTHONY, ARMAND  |
| STREET ADDRESS  | 4456 SE FEDERAL HWY  |
| CITY - ST - ZIP | STUART FL            |
| TITLE           | ST                   |
| NAME            | MARCANTHONY, ELEANOR |
| STREET ADDRESS  | 4456 SE FEDERAL HWY  |
| CITY - ST - ZIP | STUART FL            |
| TITLE           | VD                   |
| NAME            | MARCANTHONY, EUGENE  |
| STREET ADDRESS  | 4456 SE FEDERAL HWY  |
| CITY - ST - ZIP | STUART FL            |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |                                                                   |
| 3. STREET ADDRESS   |                                                                   |
| 4. CITY - ST - ZIP  |                                                                   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             |                                                                   |
| 7. STREET ADDRESS   |                                                                   |
| 8. CITY - ST - ZIP  |                                                                   |
| 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME            |                                                                   |
| 11. STREET ADDRESS  |                                                                   |
| 12. CITY - ST - ZIP |                                                                   |
| 13. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME            |                                                                   |
| 15. STREET ADDRESS  |                                                                   |
| 16. CITY - ST - ZIP |                                                                   |
| 17. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME            |                                                                   |
| 19. STREET ADDRESS  |                                                                   |
| 20. 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 119.07(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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

(1)

(Section 119.07(3)(k))