FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 361768

1. Corporation Name

PEACOCK & LEWIS ARCHITECTS & PLANNERS, INC.

Principal Place of Business	Mailing Address
2705 PARK STREET LAKE WORTH FL 33460	P.O. BOX 6877 WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: 3/27/70
3a. Date of Last Report: 1/20/95

2. Principal Place of Business (21): 2705 PARK STREET
Suite, Apt. #, etc (22):
City & State (23): LAKE WORTH, FL
Zip (24): 33460
Country (25): USA

2a. Mailing Address (26):
Suite, Apt. #, etc (27):
City & State (28):
Zip (29):
Country (30):

4. FEI Number: 59-1290903 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HAMBLIN, MAYNARD C.
2705 PARK STREET
LAKE WORTH, FL 33460

10. Name and Address of New Registered Agent

81 Name: NEFF, PAUL E.
82 Street Address (P.O. Box Number is Not Acceptable): 2705 PARK STREET
83:
84 City: LAKE WORTH — FL — 85 Zip Code: 33460

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: Paul E. Neff — JANUARY 25, 1996
Signature of the president or other officer of registered agent and title, if applicable (NEW Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT/DIRECTOR	[ ] DELETE	1.1 TITLE	PRESIDENT/TREASURER/DIRECTOR	XX Change [ ] Addition
NAME	NEFF, PAUL E.		1.2 NAME		
STREET ADDRESS	2705 PARK STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	[ ] DELETE	2.1 TITLE	SENIOR VICE PRES/SECRETARY/DIR	XX Change [ ] Addition
NAME	IDLE, BRIAN D.		2.2 NAME		
STREET ADDRESS	2705 PARK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER/DIRECTOR	[X] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	HAMBLIN, MAYNARD C.		3.2 NAME		
STREET ADDRESS	2705 PARK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE	VICE PRESIDENT	[ ] Change [X] Addition
NAME			4.2 NAME	BARDIN, SUSAN S.	
STREET ADDRESS			4.3 STREET ADDRESS	2705 PARK STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		[ ] DELETE	5.1 TITLE	ASSISTANT SECRETARY	[ ] Change [X] Addition
NAME			5.2 NAME	KELLY, BRENDA L.	
STREET ADDRESS			5.3 STREET ADDRESS	2705 PARK STREET	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		[ ] DELETE	6.1 TITLE	600001755068	[ ] Change [X] Addition
NAME			6.2 NAME	-03/22/96--01111--002	
STREET ADDRESS			6.3 STREET ADDRESS	***208.75	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3-22-96

CR2E034 (12/95)

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: PAUL E. NEFF, PRESIDENT — 01/29/96 — 407/582-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #