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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham:

Scoretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 491812

(4)

1. Corporation Name							
LESLIE	PETER AND COMPANY				·		
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Delgoissal Disso	of Dunioses	A de Maria					
Principal Place of Business		Mailing Address	Mailing Address			***** ***** ***** ***	e Bimit Biffet fifit 1881
510 vonderburg dr. Suite 3000		510 VONDERBURG DR.					
BRANDON FL 33511		SUITE 3000 BRANDON EL 33511	BRANDON FL 33511				
US		US		3. Date Incorporated or Qualified	3a. Date of	•	
2. Principal Place of Business		20 Mailing Address	2a Malling Address		12/02/1975 4. FEI Number	05/0	/1995
21		28. Malling Address	26 Realing Address				Applied For
Suite, Apt.	#. etc		Suite, Apt #, etc.		59-1725639	<u> </u>	Not Applicable 8.75 Additional
22		27	27		5. Certificate of Status Desired		Fee Required
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00 May Be
		28			Trust Fund Contribution		Added to Fees
Zip [23]	Country Z _I p (,	8. This corporation has liability for i		nder s. 199.032,
24	4 25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	a. Hanne and Address of Corre	it neglistered Agent	Bi	Name	10. Name and Address of New H	egistered Age	nt
COMPDE	WENGIVE HEALTH DI ANNEGO I	NO	L			,	
COMPREHENSIVE HEALTH PLANNERS INC "510 VONDERBURG DR.			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
	N FL 33511		83				
5,7,100	1112 00011		-				
			84	''' /		PL I	5 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-	named com	poration submits this statement for the pur oard of directors. I hereby accept the appo	pose of changir	ig its registered office
familiar wit	th, and accept the obligations of, Sect	da. Such change was autho nze d ion 607.0505, Florida Statu tes .	toy the corp	oration's bi	oard of directors. I hereby accept the appo	bintment as regi	stered agent. I am
SIGNATURE _		·					
12,	Signature, typed or swirted name of registered again and the if applicable (NOTE) OFFICERS AND DIRECTORS			nt signature req	ad where relinstalling) DATE		
TITLE	TD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	CLARKE, E BOYD	L. Dett. 10	1.2 NAME			רון ני	lange [] Addition
STREET ADDRESS	11 CENTURION COURT		1.3 STREET	ADDRESS			Ì
CITY - ST - ZIP	WILLOWDALE, ONT		1.4 CITY-S				
TITLE	PD					Change Addition	
NAME	Peter, e leslie	2.2					
STREET ADDRESS	510 VONDERBURG DR.	2.3		ADDRESS			
CITY - ST - ZIP	BRANDON FL			T-ZIP			
TITLE	•		3 THILE	•	☐ Change ☐ Addition		
NAME OTOTAL ABBRERS	SCHNEIDER, HERBERT		3.2 NAME				
STREET ADDRESS	510 VONDERBURG DR.		3 3 STREET				
CITY-ST-ZIP TITLE	BRANDON FL SD	[] DELETE	3.4 CITY-S	I-ZIP		F-1 A	anno D'Addis
NAME	LABONTE, LORRAINE	<u>га</u> ветеле	4 1 TITLE 42 NAME			☐ Cr	iange 🔲 Addition
STREET ADDRESS	510 VONDERBURG DR.		4 3 STREET ADDRESS		_		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-S		90000183 05/22/96010	4633	3
TIFLE	HIERIEFI, I	[] DELETE	5 1 117LE		-05/22/96010	39071 cr	nange [] Addition
NAME			5.2 NAME	1	***200.00	-	- Tenner
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP	····	PROTEIN SALES	5.4 CITY - S	1 - ZIP			
TITLE		☐ DELETE	6. 1 TITLE			C) Ci	ange, Addition
NAME			6.2 NAME	-			N
STREET ADDRESS			6.3 STREET	ADDRESS			フん
CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished			6.4 CITY - S	1-2IP	dor the averaging of the Control	2000	· ·
- · · · · · · · · · · · · · · · · · · ·	r several report the automatement polytillen v	more one only is voluntainly lumist	icu ariu 008	s not auaim	y for the exemption stated in Section 119.0	ижкі. Horida i	Statutes Hurlber

certify that the information indicated on this enrular report or supplemental annual report or the exemption stated in Section 119.07(3)(k), Florida Statutes, Ffurther 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 chapted, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

813-685-0891

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