

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 519533

(4)

1. Corporation Name

PEACE REALTY CORPORATION



Principal Place of Business

Mailing Address

200 W. CAMINO REAL, STE. H
BOCA RATON FL 33432

200 W. CAMINO REAL, STE. H
BOCA RATON FL 33432

3. Date Incorporated or Qualified

12/02/1976

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBOTT, JOHN F
22074 SOLIEL CIRCLE, WEST
BOCA RATON FL 33433

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 607.0503, Florida Statutes.

SIGNATURE

John F. Abbott

JOHN F. ABBOTT, PRESIDENT

AUGUST 7, 1996

Signature of officer or director of registered agent and for applicable

(NOTE: Registered Agent's signature required where existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABBOTT, JOHN F	
STREET ADDRESS	22074 SOLIEL CIRCLE, WEST	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABBOTT, BETTY ANN	
STREET ADDRESS	22074 SOLIEL CIRCLE, WEST	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	200001925982
43 STREET ADDRESS	-08/20/96--01029--025
44 CITY - ST - ZIP	***375.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001925983
53 STREET ADDRESS	-08/20/96--01029--026
54 CITY - ST - ZIP	***8.75
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. ABBOTT, PRESIDENT 8/7/96 (561) 392-9801

DATE

DAY/MONTH/YEAR

CR2E034 (3/96)