2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # 519533** 1. Entity Name 04-01-2004 90030 047 ***158.75 PEACE REALTY CORPORATION Principal Place of Business Mailing Address 2290 NW 2ND AVE. 2290 NW 2ND AVE. **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1742715 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABBOTT, JOHN F dress (P.O. Box Number is Not Acceptable) 3761 W HILLSBORO BLVD., APT. C-101 BARWOOD LANE, NORTH COCONUT CREEK FL 33073 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age (NOTE, Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD PTD ☐ Delete TITLE ABBOTT, JOHN F. Dethange Addition 23305 BARWOOD LANE, NORTH, APT. #401 ☐ Addition ABBOTT, JOHN F NAME STREET ADDRESS 3761 W HILLSBORO BLVD., APT C-101 STREET ADDRESS BOCA RATON, FL 33428 COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Delete TITLE Change ☐ Addition TITLE ABBOTT, BETTY ANN 23305 BARWOOD LANE, NORTH, APT. #401 NAME ABBOTT, BETTY ANN NAME STREET ADDRESS STREET ADDRESS 3761 W HILLSBORO BLVD., APT. C-101 CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

FILED

MARCH 31, 2004 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that t 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 10 or Block 11 if