

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **632613** (6)

1. Corporation Name
M.J. PETER ENTERPRISES, INC.



Principal Place of Business: **3365 N FEDERAL HWY FT LAUDERDALE FL 33306**
Mailing Address: **3365 N FEDERAL HWY FT LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **08/13/1979**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2207780**
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 2301 DELMAR PLACE**
Suite, Apt. #, etc.:
City & State: **22 FORT LAUDERDALE, FL**
Zip: **24 33301** Country: **25 BRAVARD**
2a. Mailing Address: **26 2301 DELMAR PLACE**
Suite, Apt. #, etc.:
City & State: **27 FORT LAUDERDALE, FL**
Zip: **29 33301** Country: **30 BRAVARD**

9. Name and Address of Current Registered Agent: **LIROT, LUKE, CHARLES 2000 MAGNOLIA DR CLEARWATER FL 34824**
10. Name and Address of New Registered Agent:
81 Name: **LIROT, LUKE, CHARLES**
82 Street Address (P.O. Box Number is Not Acceptable): **112 EAST STREET, SUITE B**
83
84 City: **TAMPA** FL 85 Zip Code: **33602**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1. TITLE	PST
NAME	PETER, MICHAEL J	12. NAME	PETER, MICHAEL J
STREET ADDRESS	8000 S RIO GRANDE AVE	13. STREET ADDRESS	2301 DELMAR PLACE
CITY-ST-ZIP	ORLANDO FL	14. CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE		2. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	500001841485
STREET ADDRESS		53. STREET ADDRESS	-05/28/96--01055--027
CITY-ST-ZIP		54. CITY-ST-ZIP	***200.00
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Peter* #24/96 (50)522-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)