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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 703788 (0)

1. Corporation Name
PEACOCK FOUNDATION, INC.

Principal Place of Business Mailing Address
100 SE 2ND STREET 100 SE 2ND STREET
STE 2370. INTERNATIONAL PL STE 2370. INTERNATIONAL PL
MIAMI FL 33131-2145 MIAMI FL 33131-2100
US US

3. Date Incorporated or Qualified 03/23/1962 3a. Date of Last Report 04/22/1996

2. Principal Place of Business 2a. Mailing Address
21 NATIONS BANK TOWER, SUITE 2370 26 NATIONS BANK TOWER, SUITE 2370
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 100 SE 2 STREET 27 100 SE 2 STREET
City & State City & State
23 MIAMI FL 28 MIAMI FL
Zip Zip
24 33131-2145 25 USA 29 33131-2145 30 USA

4. FEI Number 59-0999759 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
RICKARD, BARBARA A.
100 SE 2ND STREET
STE 2370, INTERNATIONAL PLACE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) NATIONS BANK TOWER, SUITE 2370
83 100 SE 2 STREET
84 City MIAMI FL 85 Zip Code 33131-2145

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, SAMUEL L. JR.	1.2 NAME	
STREET ADDRESS	801 BRICKELL AVE, 19TH FLR	1.3 STREET ADDRESS	10 MARBELLA CT HAMMOCK CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	PALM COAST FL 32137
TITLE	STDM <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKARD, BARBARA A.	2.2 NAME	
STREET ADDRESS	100 SE 2ND ST, STE 2370	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33131-2145
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMMINGS, ARTHUR I	3.2 NAME	
STREET ADDRESS	2582 S E 7 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	HOMESTEAD FL 33033-5210
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Barbara A Rickard* BARBARA A RICKARD 04/23/97 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026439

CR2E037 (9/96)