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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
NATIONSBANK TOWER SUITE 2370 100 SW 2 STREET MIAMI FL 33131-2145 US	NATIONSBANK TOWER SUITE 2370 100 SW 2 STREET MIAMI FL 33131-2145 US

3. Date Incorporated or Qualified: 03/23/1962

4. FEI Number: 59-0999759 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICKARD, BARBARA A. 100 SE 2ND STREET STE 2370, INTERNATIONAL PLACE MIAMI FL 33131	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARR, SAMUEL L. JR. 10 MARBELLA CT HAMMOCK CT PALM COAST FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STDM RICKARD, BARBARA A. 100 SE 2ND ST, STE 2370 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/T/D/M	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEMMINGS, ARTHUR I 2582 S E 7 COURT HOMESTEAD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S REICHARDT, FRANCES C. 15 N.E. 131st STREET NORTH MIAMI, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 4/21/98 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR Date Daytime Phone #