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

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **F94000001814 (2)**

1. Corporate Name
**PETER VALLAS ASSOCIATES INC.**

Principal Place of Business
**125 STATE ST.**
**HACKENSACK NJ 07601**

Mailing Address
**125 STATE ST**
**HACKENSACK NJ 07601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **04/08/1994**
3a. Date of Last Report:

21 2. Principal Place of Business
22 Suite, Apt. # or Bldg.
23 City & State
24 Zip
25 County

26 2a. Mailing Address
27 Suite, Apt. # or Bldg.
28 City & State
29 Zip
30 County

4. FEI Number: **22-2275115** ☐ 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

**VALLAS, PETER R**
**3200 S. ANDREWS AVE.**
**SUITE 207**
**FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 Title | PS | 11 Title | ☒ Change ☐ Addition<br>PS |
| 12 Name | VALLAS, PETER R | 12 Name | Vallas, Peter R. |
| 13 Street Address | 417 ROYAL PLAZA DR. | 13 Street Address | 3200 S. Andrews Avenue - Suite 207 |
| 14 City, St, ZIP | FT LAUDERDALE FL 33301 | 14 City, St, ZIP | Ft. Laulerdale, FL 33316 |
| 21 Title | | 21 Title | ☐ Change ☐ Addition<br>VPT |
| 22 Name | | 22 Name | Peter S. Vallas |
| 23 Street Address | | 23 Street Address | 150 Overlook Ave. PH-2 |
| 24 City, St, ZIP | | 24 City, St, ZIP | Hackensack NJ 07601 |
| 31 Title | | 31 Title | ☐ Change ☐ Addition |
| 32 Name | | 32 Name | |
| 33 Street Address | | 33 Street Address | |
| 34 City, St, ZIP | | 34 City, St, ZIP | |
| 41 Title | | 41 Title | ☐ Change ☐ Addition |
| 42 Name | | 42 Name | |
| 43 Street Address | | 43 Street Address | |
| 44 City, St, ZIP | | 44 City, St, ZIP | |
| 51 Title | | 51 Title | ☐ Change ☐ Addition |
| 52 Name | | 52 Name | |
| 53 Street Address | | 53 Street Address | |
| 54 City, St, ZIP | | 54 City, St, ZIP | |
| 61 Title | | 61 Title | ☐ Change ☐ Addition |
| 62 Name | | 62 Name | |
| 63 Street Address | | 63 Street Address | |
| 64 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)(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 607, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or added, or attached with an address.

**SIGNATURE:** Peter Vallas — Peter Vallas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

201-481-5901
Daytime Phone #

0394763 FP