

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001814 (2)

1. Corporation Name

PETER VALLAS ASSOCIATES INC.



Principal Place of Business

125 STATE ST.  
HACKENSACK NJ 07601

Mailing Address

125 STATE ST.  
HACKENSACK NJ 07601

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

22-2275115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

81 Name

Vallas, Peter R.

82 Street Address (P.O. Box Number is Not Acceptable)

4220 Inverrary Blvd 97B

83

84 City

lauderdale

FL

85 Zip Code

33319

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

*Peter S. Vallas*  
Signature typed or printed name of registered agent, if applicable

Peter S. Vallas

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME VALLAS, PETER R  
STREET ADDRESS 3200 S ANDREWS AVENUE, SUITE 207  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE VT  
NAME VALLAS, PETER S.  
STREET ADDRESS 150 OVERLOOK AVE., PH-2  
CITY-ST-ZIP HACKENSACK NJ ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME PETER R. VALLAS  
1.3 STREET ADDRESS 4220 INVERRARY BLVD 97B  
1.4 CITY-ST-ZIP LAUDERHILL, FL. 33319

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 checked, or on an attachment with an address.

SIGNATURE:

*Peter S. Vallas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Vallas

4/30/96

Date

201-487-8901

Daytime Phone #

CR2E034 (12/95)