

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2: 36

DOCUMENT # **G78595** (7)

1. Corporation Name
PEPPE-KEITH AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
970 SOUTH STATE RD. 7 **970 SOUTH STATE RD 7**
P.O. BOX 63-6020 **P O BOX 63-6020**
MARGATE FL 33063 **MARGATE FL 33063**
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1984		3a. Date of Last Report 02/01/1994	
21	Suite, Apt. #, etc.			26	Applied For		
22	City & State			27	Not Applicable		
23	Zip			28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
24	Country			29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
25	Country			30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEPPE, ROBERT J 970 SO STATE ROAD 7 MARGATE FL 33068				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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed in printed name of registered agent and filed applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPE, ROBERT	1.2 NAME	
STREET ADDRESS	970 S. STATE ROAD 7	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPE, DOLORES	2.2 NAME	
STREET ADDRESS	970 S STATE ROAD 7	2.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPE, DOLORES	3.2 NAME	
STREET ADDRESS	970 S STATE ROAD 7	3.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	3.4 CITY, ST, ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6), Florida Statutes. I further certify that the information indicated on the 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, the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a subsequent page with an address.

SIGNATURE:  **1/13/95** **407-820-1369**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR