

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 # **G78595** (7)
1. Corporation Name
PEPPE-KEITH AND ASSOCIATES, INC.



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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified **01/13/1984** 3a. Date of Last Report **01/18/1995**
4. FET Number **59-2389287** 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
10. Name and Address of New Registered Agent

g. Name and Address of Current 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

Signature, typed or printed name of registered agent, if applicable.

NOTE: Block 1A is required for all corporations.

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
NAME PEPPE, ROBERT
STREET ADDRESS 970 S. STATE ROAD 7
CITY-STATE-ZIP MARGATE FL

TITLE V DELETE

NAME PEPPE, DOLORES
STREET ADDRESS 970 S STATE ROAD 7
CITY-STATE-ZIP MARGATE FL

TITLE ST DELETE

NAME PEPPE, DOLORES
STREET ADDRESS 970 S STATE ROAD 7
CITY-STATE-ZIP MARGATE FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP Change Addition

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP Change Addition

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP Change Addition

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP Change Addition

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP Change Addition

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(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 changed or on an attachment with an address.

SIGNATURE: *Robert J Peppe* 2/14/96 973-5645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)