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**Apr 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # J70856 (6)
1. Corporation Name
PETER DARRAS AND ASSOCIATES, INC.



Principal Place of Business: **% LEWIS G. GORDON
1320 S DIXIE HIGHWAY SUITE 700
CORAL GABLES FL 33146
US**

Mailing Address: **% LEWIS G. GORDON
1320 S DIXIE HIGHWAY SUITE 700
CORAL GABLES FL 33146-2938
US**

3. Date Incorporated or Qualified: **04/28/1987**

3a. Date of Last Report: **03/14/1996**

4. FEI Number: **59-2802716**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GORDON, LEWIS G.
1320 S DIXIE HIGHWAY
SUITE 700
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD DARRAS, PETER S.**

STREET ADDRESS ~~10050 WILES RD~~

CITY-ST-ZIP ~~CORAL SPRINGS FL~~

TITLE DELETE

NAME **VSD DARRAS, DEBORAH J.**

STREET ADDRESS ~~10050 WILES RD~~

CITY-ST-ZIP ~~CORAL SPRINGS FL~~

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition

1.2 NAME **Darras, Peter S.**

1.3 STREET ADDRESS **3650 Coral Ridge Dr., #110**

1.4 CITY-ST-ZIP **Coral Springs, FL 33065**

2.1 TITLE **VSD** Change Addition

2.2 NAME **Darras, Deborah, J.**

2.3 STREET ADDRESS **3650 Coral Ridge Dr., #110**

2.4 CITY-ST-ZIP **Coral Springs, FL 33065**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **DEBORAH J. DARRAS** _____

CR2E034 (9/96)