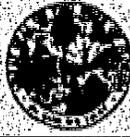


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PH 9:25

DOCUMENT # J87381 (6)

1. Corporation Name
PECK PROPERTIES, INC.

Principal Place of Business: **% FRED ESPENSHIED, 1802 S.W. BAYSHORE BOULEVARD, PORT ST. LUCIE FL 34984**

Mailing Address: **% FRED ESPENSHIED, 1802 S.W. BAYSHORE BOULEVARD, PORT ST. LUCIE FL 34984**

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|-------------|-------------------------|-------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | |
| 22 | | 27 | |
| 23. City & State | | 28. City & State | |
| 23 | | 28 | |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| 24 | | 29 | |

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/14/1987 | 3a. Date of Last Report 04/19/1994 |
| 4. FEI Number 65-0026974 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPENSHIED, FRED
1802 S.W. BAYSHORE BLVD.
PORT ST. LUCIE FL 34984

| | |
|--|-----------|
| 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---------------------------------|
| TITLE | DP |
| NAME | ESPENSHIED, FRED |
| STREET ADDRESS | 1802 S.W. BAYSHORE BLVD |
| CITY-ST-ZIP | PT. ST. LUCIE FL |
| TITLE | DV |
| NAME | PERILLO, TOM |
| STREET ADDRESS | 9 MURRAY ST. |
| CITY-ST-ZIP | FARMINGDALE NY |
| TITLE | DST |
| NAME | KELLY, GEORGE |
| STREET ADDRESS | 4450 BELDEN VILLAGE AVE. |
| CITY-ST-ZIP | CANTON OH |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Espenschied* **FRED ESPENSHIED 4-7-95 (407) 878-0488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #