FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 15 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K02709** **(9)**

Corporation Name

PENINSULAR BUILDING OF DAVIE, INC.

Principal Place of Business	Mailing Address
4431 SW 64TH AVE SUITE 122 DAVIE FL 33314	4431 SW 64TH AVE SUITE 122 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 ___ Suite, Apt. # etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. # etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 11/19/1987

3a. Date of Last Report: 04/21/1994

4. FEI Number: 65-0051707 — [ ] 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

9. Name and Address of Current Registered Agent

HULMES, DONALD W.
4431 SW 64TH AVE
SUITE 122
DAVIE FL 33314

10. Name and Address of New Registered Agent

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 ___

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HULMES, DONALD W.
STREET ADDRESS	4431 SW 64TH AVE #122
CITY-ST-ZIP	DAVIE FL
TITLE	SD
NAME	HULMES, NANCY
STREET ADDRESS	4431 SW 64TH AVE #122
CITY-ST-ZIP	DAVIE FL
TITLE	VD
NAME	PERRY, HENRY D., JR.
STREET ADDRESS	3866 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	TD
NAME	PERRY, MARGARET
STREET ADDRESS	3866 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / 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)(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: Donald W. Hulmes DONALD W. HULMES 5/10/95 791-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0223484 CP