FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K11818

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FILED					
Apr 01 1998 8:00am					
Secretary of State					

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Principal Place of Business Mailing Address					T CESTONIO AND COLORES VINNES VINNES VALUE CONTROL STORY REPORT WITH A CONTROL CONTROL	
305 N. TAMIAMI TRAIL P.O. BOX 128 RUSKIN FL 33570		305 N. TAMIAMI TRAIL P.O. BOX 128 RUSKIN FL 33570			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
Dringing Di	non of Business	Do Mailing Address			01/14/1988	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied For Not Applied be	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
g, Name and Address of Current Registered Agent				1 Name	10. Hame and wodiess of New Hegistereo Agent	
RIGGS, FRANK P.						
707 DEL WEBB BLVD			8	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUR	I CITY CENTER FL 33570		8	3		
			Ļ			
•			8	4 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 age			gent signature requ	pulred when reinstating) DATE	
12.	PD OFFICERS AN	D DIRECTORS DELETE	13.	: 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	DICKMAN, EDWARD L.		1.2 NAM			
STREET ADDRESS	305 N. TAMIAMI TRAIL			ET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		1.4 CITY			
TITLE	VPD	DELETE	2.1 TITLE		Change Addition	
NAME	DICKMAN, GLENN K.		2.2 NAM	E		
STREET ADDRESS	305 N. TAMIAMI TRAIL		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY	-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	DICKMAN, PAUL R.		3.2 NAM			
STREET ADORESS	305 N. TAMIAMI TRAIL			ET ADDRESS		
CITY-ST-ZIP	RUSKIN FL	DELETE	3.4. CITY		Change Addition	
TITLE NAME			4.1 THTLE 4. 2 NAM	1	Cuanife ET vocation	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CiTY			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAM	E Ì		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST- ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
14. I 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 suppliermental 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 conveying trustep empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if playing I, or on an attachment with an address.						
SIGNATURE: XILLIUK LICHMAN						