

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

FILED
Apr 13 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **K36533** (3)
1. Corporation Name
PETERSON SALES, INC.



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| Principal Place of Business 1710 UPLAND ROAD WEST PALM BEACH FL 33409 US | Mailing Address 1710 UPLAND ROAD WEST PALM BEACH FL 33409 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 10/05/1988 | |
| 4. FEI Number 65-0082308 | | 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 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent PETERSON, MARK H. 6549 WINDING LAKE DRIVE SUITE-200 JUPITER FL 33458 ADDRESS CHANGE → | | 10. Name and Address of New Registered Agent 81 Name PETERSON, MARK H. 82 Street Address (P.O. Box Number is Not Acceptable) 5354 PENNOCK POINT ROAD 83 84 City JUPITER FL 85 Zip Code 33458 | |
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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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **LISA B. PETERSON** 4-7-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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|----------------------------|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | 1.1 TITLE | |
| NAME | PETERSON, LISA | 1.2 NAME | |
| STREET ADDRESS | 1300 N. FLORIDA MANGO RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPS | 2.1 TITLE | |
| NAME | PETERSON, MARK | 2.2 NAME | |
| STREET ADDRESS | 1300 N. FLORIDA MANGO RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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; 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 or changed, or on an attachment with an address.

SIGNATURE:  **LISA B. PETERSON** 4-7-98

CR2E034 (10/97)