

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

1996 5-14-96

6443
BUREAU OF CORPORATIONS

DOCUMENT # K52374 (1)

1. Corporation Name

PETER JAMES DESIGN STUDIO, INC.



Principal Place of Business

7520 N.W. 5TH ST.
SUITE 203
PLANTATION FL 33317

Mailing Address

7520 N.W. 5TH ST.
SUITE 203
PLANTATION FL 33317

3. Date Incorporated or Qualified
12/12/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 7495 NW 4 Street

Suite, Apt. #, etc.

22

City & State

23 Plantation FL

Zip

24 33317

Country

25 Broward

2a. Mailing Address

26 7495 NW 4 Street

Suite, Apt. #, etc.

27

City & State

28 Plantation FL

Zip

29 33317

Country

30 Broward

4. FEI Number
65-0091810

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SPANGLER, P. JAMES
7520 N.W. 5TH ST.
SUITE 203
PLANTATION FL 33317

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

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
SPANGLER, P. JAMES
400 E. ACRE DR.
PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
SPANGLER, LORIE
400 E. ACRE DR.
PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 954587-2842
Dayna Hester

CR2E034 (12/95)