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

**PROFIT** CORPORATION ANNUAL REPORT

1998

% FRED PETERSON

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K53712

9807 CONNECTICUT ST. SE

**BONITA SPRINGS FL 34135** 

(1)

FRED PETERSON DEVELOPMENT, INC.

**FILED** Apr 17 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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.

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SIGNATURE Signature, typed or printed hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETÉ Change TITLE 1.1 TITLE PETERSON, FRED NAME 1.2 NAME CR2E034 9607 CONNECTICUT ST. SE STREET ADDRESS 1.3 STREET ADDRESS **BONITA DPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 2.1 TITLE PETERSON, MARJORY E. NAME 2.2 NAME STREET ADORESS 9807 CONNECTICUT ST., SE 2.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TiTLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 C(TY-S1-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 cath, 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.

4//2/47 941-991-008 2

6.4 CITY-ST-ZIP

4/12/98