


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90209 016 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K64496 1. Corporation Name PEAFREED, INC.					
Principal Place of Business 2990 S. FISKE BLVD STE. D-1 ROCKLEDGE FL 32955 US		Mailing Address 2990 S. FISKE BLVD STE. D-1 ROCKLEDGE FL 32955 US			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/09/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2960863 Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BARNAVON, BOAZ 1356 RICHWOOD CIR ROCKLEDGE FL 32955			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	METTLER, MAX	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	2990 S. FISKE BLVD. #D-1	1.2 NAME			
CITY-ST-ZIP	ROCKLEDGE FL	1.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
NAME	METTLER, MAX	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	2990 S. FISKE BLVD., #D-1	2.2 NAME			
CITY-ST-ZIP	ROCKLEDGE FL	2.3 STREET ADDRESS			
TITLE	ASV <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
NAME	WALSER, WILHELM A	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	2990 S. FISKE BLVD., #D-1	3.2 NAME			
CITY-ST-ZIP	ROCKLEDGE FL	3.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			
NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
		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 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, with all other like empowered.

SIGNATURE:

Signature of Wilhelm A. Walsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 40763644
Date Daytime Phone #

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