FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K93482** **(3)**

1. Corporation Name

PEGMAR, INC.

Principal Place of Business

% PEGGIE P. THORNE
4570 S.W. 68TH CT. CR. #9
MIAMI FL 33155

Mailing Address

% PEGGIE P. THORNE
4570 S.W. 68TH CT. CR. #9
MIAMI FL 33155

3. Date Incorporated or Qualified: **06/05/1989**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0123919** ☐ 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 unpaid tax under s. 193.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THORNE, PEGGIE P.
4570 S.W. 68TH CT. CR.
#9
MIAMI FL 33155

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 Section 607.1007, 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. Statutorily designated 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	**PTS**	☐ DELETE	7 TITLE	☐ Change ☐ Addition
8 NAME	**THORNE, PEGGIE P.**		8 NAME	
9 STREET ADDRESS	**4570 SW 68TH CT CIR #9**		9 STREET ADDRESS	
10 CITY-ST-ZIP	**MIAMI FL**		10 CITY-ST-ZIP	
11 TITLE	**VP**	☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	**PICARD, MARION**		12 NAME	
13 STREET ADDRESS	**5651 SW 76TH ST., #4**		13 STREET ADDRESS	
14 CITY-ST-ZIP	**MIAMI FL**		14 CITY-ST-ZIP	
15 TITLE		☐ DELETE	15 TITLE	☐ Change ☐ Addition
16 NAME			16 NAME	
17 STREET ADDRESS			17 STREET ADDRESS	
18 CITY-ST-ZIP			18 CITY-ST-ZIP	
19 TITLE		☐ DELETE	19 TITLE	☐ Change ☐ Addition
20 NAME			20 NAME	
21 STREET ADDRESS			21 STREET ADDRESS	
22 CITY-ST-ZIP			22 CITY-ST-ZIP	
23 TITLE		☐ DELETE	23 TITLE	☐ Change ☐ Addition
24 NAME			24 NAME	
25 STREET ADDRESS			25 STREET ADDRESS	
26 CITY-ST-ZIP			26 CITY-ST-ZIP	
27 TITLE		☐ DELETE	27 TITLE	☐ Change ☐ Addition
28 NAME			28 NAME	
29 STREET ADDRESS			29 STREET ADDRESS	
30 CITY-ST-ZIP			30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(a), 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 added, above.

SIGNATURE: Peggie P. Thorne 4-6-96 305-854-3900
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

Debbie P. Turner Assistant

CR2E034 (12/95)