SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED
AND
FILED
95 JUL 25 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****467.50 ****233.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # K98253 (3)

1. Corporation Name
PEAK FINANCIAL CORP. OF FLORIDA

Principal Place of Business
13810 CHAMPION FOREST, SUITE 147
HOUSTON TX 77069-1844

Mailing Address
13810 CHAMPION FOREST, SUITE 147
HOUSTON TX 77069-1844

3. Date Incorporated or Qualified: 06/27/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 76-0293604 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name Paul M Caldwell, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) ~~1780~~ Suite 624, 19 West Flagler St
83
84 City Miami FL 85 Zip Code 33130

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 Paul M. Caldwell P.A 7/20/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME PEAK, JAMES W.
STREET ADDRESS 17527 PINEWOOD FOREST
CITY-ST-ZIP SPRING TX

TITLE ~~VP~~
NAME ~~CHRISTENSEN, JOHN~~
STREET ADDRESS ~~7722 CHAMPION POINTS DR.~~ Delete
CITY-ST-ZIP ~~SPRING TX~~

TITLE S
NAME PEAK, JANIE
STREET ADDRESS 17527 PINEWOOD FOREST
CITY-ST-ZIP SPRING TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

7/25/95
MB

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7/24/95 (904) 242-2670

CR2E034 (3/95)

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