SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L35587 (9)PEGG REAL ESTATE INVESTMENTS. INC. Principal Place of Business Mailing Address 400 SUNNY ISLES BEACH BLVD. 400 SUNNY ISLES BEACH BLVD. P.O. BOX 600925 P.O. BOX 600925 N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 3a. Date of Last Report 12/08/1989 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 21 26 65-0157827 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zin Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEGG, WILLIAM S I William Street Address (P.O. Box Number is Not Acceptable) 400 SUNNY ISLES BLVD 82 **ROOM 5** cane 83 N MIAMI BCH FL 33160 84 City 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. There by 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 regulered agent and title if applicable (NOTE: Registered Agent signature required when remotating) 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)TITLE DELETE 11 THUE Change Addition NAME PEGG, WILLIAM S II 1.2 NAME CR2E034 STREET ADDRESS 1530 SE 14TH ST 13 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 14 CITY - \$1 - 7 P TITLE DST DELETE 21 TITLE Change Addition PEGG. DOLORES E NAME 2.2 NAME 3547 DERBY LANE STREET ADDRESS 2 3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 1116 Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 34. CITY - ST - ZIP TITLE DELETE 4 1 111LE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST. ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CiTY - ST - ZIP 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)(k). 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 617, Florida Statutes and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address. 6/19/9/0 305 944 9182 SIGNATURE: