## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION 'ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DOCUMENT # 1. Carporation Name PEN IN SULA Enterprises IV, INC  Principal Place of Business  /O'704 Wile's Road  Coral Springs Florida 33074  2. Principal Place of Business 2. Mailing Address SAME  Coral Springs Florida 33074  2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualited 3a. Date of Last Report //97 S 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualited 3a. Date of Last Report //97 S 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualited 3a. Date of Last Report //97 S 3. Date incorporated or Qualited 3a. Date of Last Report //97 S 4. FEI Number Applied For Not Applied For Additional Status Desired  Suite. Apl. #. ctc. 2. Sune Apl. #. etc. 2. City & State 2. City & State 2. City & State 2. Country 2. De Country 2. De Country 3. Determine Financing 1. St. 200 May Be Added to Fees Added to Fees 4. FEI Number 1. Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  Status Desired Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Principal To the provisions of Sections 507 0502 and 657 1508. Florida Status Status  Status Desired Agent 1. Status Desired Agent 1. Desired For India Status Desired Agent	1996	No.	DIVISION OF COF	PORATIO	DNS			
Principal Place of Business  // 2004 Wile's Road  Same  Coral Springs Florida 33076  2. Principal Place of Business  3. Date Incorporated or Qualified  3. Date of Last Report  2. Principal Place of Business  3. Date incorporated or Qualified  3. Date incorporated or Qualified  3. Date incorporated or Qualified  3. Date of Last Report  2. Principal Place of Business  3. Date incorporated or Qualified  3. Date incorporated or Qualified incorporated or Qualified incorporated or Status Page 10 in No.			L500°	15				
270H Wile's Road   3307L   3. Date incorporated or Qualified   3a. Date of Last Report   2-9-90   199 S   2-9-90 S   2-9-90 S   2-9-90 S   2-9-90 S   2-9-90 S   2-9-90 S   2-90	PENINSULA E	hterprises IV,	INC					
2. Principal Place of Business  2. A FEI Number  3. Applied For Not Applied Fo	Principal Place of Business  Mailing Address  SAME  10704 Wile's ROAC!  SAME							
2. Principal Place of Business  28. Mailing Address 26. Suite. Apt. #, etc.  29. Suite. Apt. #, etc.  20. Suite. Apt. #, etc.  21. Suite. Apt. #, etc.  22. City & State  23. Country  24. Country  25. Country  26. Election Campaign Financing Trust Fund Contribution  28. This corporation has liability for intanglise lax under is 199 032. Florida Statutes  30. Name and Address of Current Registered Agent  30. Name and Address of New Registered Agent  31. Name  40.14 bile, John M  58. Sircet Address (P.O. Box Number is Not Acceptable)  48. Sircet Address (P.O. Box Number is Not Acceptable)  49. Sircet Address (P.O. Box Number is Not Acceptable)  40. Name and Address of Current Registered Agent  40. Ft Number  58. Sircet Address (P.O. Box Number is Not Acceptable)  40. Name and Address of New Registered Agent  40. Name and Address of New Registered Agent  40. Name and Address of New Registered Agent  41. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named 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.  51. Signature  51. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named 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.  51. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. In 12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  14. Ft Not Applicable.  52. OFFICERS AND DIRECTORS.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  16. Election Campaign Financing. Statutes.  58. This corporation is bability for intanging in the statute of Florida. Statutes.  58. Street Address (P.O. Box Number is Not Acceptable).  58. Street Address (P.O. Box Number is Not Acceptable).  58. Street Address (P.O. Box Number is Not Acceptable).  58. Street Address of New Registered A	Coral Springs Florida Source							
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. #, etc.	<b>├</b>	~	. Mailing Address			4. FEI Number	Applied For Not Applica	able
28   Trust Fund Contribution   Added to Fees		27					Fee Required	
24 25 29 30 Florida Statutes Yes XNo  9. Name and Address of Current Registered Agent  Autable, John M  5862 Nw 48 Court  Coral Springs Florida 3 3667  82 Street Address (P.O. Box Number is Not Acceptable)  83 Coral Springs Florida 3 3667  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 agent am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes.  \$IGNATURE  Signature typed or prefed name or registered agent and title if applicable  (NOTE Registered Agent signature required when renstating)  DATE  Signature typed or prefed name or registered agent and title if applicable  OFFICERS AND DIRECTORS. 13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  12 NAME  13 SIRREL ADDRESS.	City & State			Countr		Trust Fund Contribution	Added to Fees	 >
9. Name and Address of Current Registered Agent  Autable, John M  5862 New 48 Court  Coral Springs Florida 33667  83  Coral Springs Florida 33667  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 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.  \$IGNATURE    Signature hyped or printed name of registered agent and Mile if applicable.   (NOTE Registered Agent signature required when remaining)  DATE    Signature hyped or printed name of registered agent and Mile if applicable.   1 1 Till to the printed name of registered agent agent and Mile if applicable.   1 1 Till to the printed p	County L			_	Florida Statutes Yes XNo			
Autable, John M  5862 Nw 48 Court  Coral Springs Florida 33667  83  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 parted name or registered agent and Mile if applicable.  (NOTE Flegistered Agent signature required when remaining)  DATE  12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  This PD  Autable, John  Autable, John  Autable, John  Autable, John  Autable, John  Autable, John  13. SIRELI ADDRESS  20.00001 BR01 F.F.S.	9. Name ar	nd Address of Current Regis		gistered Agent				
COCA   Springs FloridA 33667  83  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 or registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE  12. OFFICERS AND DIRECTORS. IN 12.  III.E. PD DELETE 1 TITLE Change Addition  12. NAME 1.3 SIRRELI ADDRESS.	Autolila taha M			81				
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office or registered agent, or both, in the State of Forda. Such change was administed by the corporation of section 607 0505, Florida Statutes  Signature Typed or printed name or registered agent and tille if applicable  Y2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE PD  AUTA 6 P, John  AUTA 6 P, John  13. SIREE I ADDRESS  14. TILLE  15. TIL				i	1 '		FL   T	
Signature typed or printed name or registered agent and title il applicable (NOTE Registered Agent signature (NOTE Registered Agent						d corporation submits this statement for the rporation's board of directors. I hereby acce	purpose of changing its registers the appointment as registers	red ad
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE POD DELETE 1 TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  12. NAME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS IN 12	SIGNATURE Sonal to broad of	overiors name of registered agent and I-II	le il applicable (NOTE 1	legistered A	gent signatur	re required when reinstating)		
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CITY-ST-7/P COTAL Springs Florid A 33667 14 CITY-ST-7/P -04/30/96-01037-001 Change Addition	STREET ADDRESS 5862 NW 48th COUT			1.3 STRE	ET ADDRESS	30000180	01663	
	CITY-ST-71P COTAL Springs FloridA 33667					<u>  -04/30/96010</u>	1 <b>97001</b> Change [] Add	dition

THILE VP/SEC \*\*\*200.00 2.2 NAME NAME Prezzemolo, MACK 23 STREET ADDRESS 2000 Oakmont Terrare STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY-S1-ZIP COTAL Springs Addition 500001801665<sup>mg</sup> 3 1 TITLE \* 3 TITLE -04/30/96--01097--002 Avitable, Leon M. 3 2 NAME NAME 33 STREET ADDRESS \*\*\*8.75 STREE! ADDRESS 3.4 CITY - ST - ZIP CITY - ST- ZiP Springs Addition Change DELETE 4 1 TITLE III, f 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 C) TY - ST - ZIP CITY ST-7P DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY SI-ZIP Addition DELETE 6 1 TITLE Tatte 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filipe is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information inorcated 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 13 or Block 13 or or an attachment with an address.

SIGNATURE:

JOHN M. AVITABLE PLES. 4-20-96 (954)341-3737 SIGNATURE AND TYPED OR PHINTED HAM