

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L98061**

(9)

1. Corporation Name  
**PEG'S SILVER SHOPPE, INC.**



Principal Place of Business <b>8801 MAGNOLIA HOMES RD ORLANDO FL 32810 US</b>	Mailing Address <b>8801 MAGNOLIA HOMES RD ORLANDO FL 32810-1828 US</b>
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3. Date Incorporated or Qualified <b>08/31/1990</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>25</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

4. FET Number <b>59-3042283</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>ALRICH, PEGGY A. 8801 MAGNOLIA HOMES RD ORLANDO FL 32810</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ALRICH, PEGGY A.</b>
STREET ADDRESS	<b>8801 MAGNOLIA HOMES RD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHRIS MORTON,</b>
STREET ADDRESS	<b>8801 MAGNOLIA HOMES RD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>J. DONALD, RUSSELL</b>
STREET ADDRESS	<b>475 ALTURZS RD.</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>ALLEN SMITH</b>
STREET ADDRESS	<b>475 ALTURZS RD.</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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; and that I am duly 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 my address.

SIGNATURE: \_\_\_\_\_ DATE: **4-25-97** DAY: **407** MONTH: **294** YEAR: **4394**

CR2E034 (9/96)