

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:29

DOCUMENT # M35554 (8)

1. Corporation Name
PETER PRINTER, INC.

Principal Place of Business: **1355 WEST 49TH STREET HIALEAH FL 33012**
Mailing Address: **1355 WEST 49TH STREET HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1986**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. State Apt # etc		26. State Apt # etc		59-22789328		None Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAPPAS, GEORGE C. 1355 WEST 49 STREET HIALEAH FL 33012				81. Name			
				82. Street Address (if O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607.0903 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 607.0903, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	ST PAPPAS, GREGORY	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	270 W. 51ST ST	12. STREET ADDRESS	
13. CITY, ST, ZIP	HIALEAH FL	13. CITY, ST, ZIP	
14. NAME	PV PAPPAS, GEORGE	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS	270 W. 51ST ST	15. STREET ADDRESS	
16. CITY, ST, ZIP	HIALEAH FL	16. CITY, ST, ZIP	
17. NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY, ST, ZIP		19. CITY, ST, ZIP	
20. NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS		21. STREET ADDRESS	
22. CITY, ST, ZIP		22. CITY, ST, ZIP	
23. NAME		23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS		24. STREET ADDRESS	
25. CITY, ST, ZIP		25. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is true, correct and complete and that the corporation is in good standing with the Secretary of State, Florida Department of State. I further certify that the information contained on this annual report or on any other annual report of this corporation is true and accurate and that my signature shall have the same legal effect as if made in person. I am familiar with, and accept the obligations of, the provisions of the Florida Statutes which govern the filing of this report. I am familiar with, and accept the obligations of, Sections 607.0903, Florida Statutes, and that my name appears on the list of officers and directors of the corporation.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR