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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93540 1. Corporation Name

PEEPLES REALTY, INC.

, ,						
Principal Place	e of Business	Mailing Address	·····	A IMM IMM IMM INTER HOLDE	881 818 81811 PIBN GIBN GIBN	111 MIMIT FRAT
11971 SEA BREEZE COVE LANE P.O. BOX 08608 FT. MYERS FL 33908 FT. MYERS FL 33908			DO NOT WIDIT	E IN THIS SPACE		
US					E IN THIS SPACE	
				3. Date Incorporated or Qualifed 08/10/1988	· · ·	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		59-2904355		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8.75 Ac	
22		27				
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 M Added to	· 1
23 Zin	Country	Zip	Country	This corporation owes the curre		1 003
Zip	· · · · · ·	⊢	30	Personal Property Tax.		⊐No I
24	9. Name and Address of Curre	nt Pagistared Agent	[30]	10. Name and Address of New Ro		
	5. Hame and Address of Corre	in registero Agent	81 Name		<u> </u>	
PEEI	PLES, MARSHALL A.					
	- PERIWINKLE WAY-	•	82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
~ 102 -			83	11711 Sen Diees	C. WYC-AG	7
	HBEL-FL-33957					
5			84 City	= 11 mm	EI 85 Zip Co	ode of
44 5	to the second se	02 and 607 1609 Florida Statut	no the shove-named corn	poration submits this statement for the p	ournose of changing its re	egistered
	to the provisions of Sections our Jose	uz anu 607. 1506, Fiorida Statut	es, the above hamed corp	collection additions the ottolomore for the p	the appointment as regi	ctorod
office or r	egistered agent or both in the State	of Florida. Such change was a	uthorized by the corporation	ion's board of directors. I hereby accept	the appointment as reg.	stered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corporation rida Statutes.	ion's board of directors. I hereby accept	the appointment as reg.	stered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. Such change was a ations of, Section 607.0505, Flo	nda Statutes.	•		
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14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP