## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34533

(2)

PEACOCK PRODUCTIONS, INC.

FILED	
Feb 04 1998 8:00am	]
Secretary of State	

PEACE	JOK PRODUCTIONS, INC.		f	t de neute den etter ginnt bilde telen telu nicht dent dent dent dent dent diet die bie einer
Principal Plac	ce of Business	Mailing Address		
WWINSOME B.	CHARLTON	%WINSOME B. CHARLTON	1	3. Date Incorporated or Qualified
6360 SW 41ST PL		6360 SW 41ST PL		10/04/1989
DAVIE FL 3331	4-3440	DAVIE FL 33314-3440 US		4. FEI Number Applied For
"		03		65-0147748 Not Applicable
2. Principal P	Place of Business	2a. Mailing Address	·· ·	E9 75 * 1 ***
21		26		5. Certificate of Status Desired Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & Stat		27		Trust Fund Contribution
23	e	City & State		7. Is this nonprofit corporation a homeowners association?
Zìp	Country	28 Zip	Country	☐ Yes ☐ No
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent
			81 Name	
CHARLT	ON, WINSOME B		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	V 41ST PL		Julie Auc	areas (in. o. box Number is Not Acceptable)
DAVIE F	L 33314-3440		83	
			84 City	85 Zip Code
			,	<b>FL</b>     `
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State	02 and 617.1508, Florida Statute of Florida, Such change was a	es, the above-named cor	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 617.0503, Flo	orida Statutes.	ation's board of directors, thereby accept the appointment as registered
SIGNATURE.				
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT)  ID DIRECTORS	E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	BLAIR, ANTHONY		1.2 NAME	
STREET ADDRESS	6360 SW 41ST PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, KIM		2.2 NAME	
STREET ADDRESS	6360 SW 41ST PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHARLTON, WINSOM B		3.2 NAME	
STREET ADDRESS	6360 SW 41ST PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	Davie FL	The project	3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	D Observe T Add'Sea
NAME		ודו הנדבוב	5.1 TITLE	Change Addition
į.			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	Grange Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	artify that the information compliant u	<b>40</b> . 1 - 200		0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

I nereby 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 of supplemental arrival 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 13 if charged, or on an attacking ent with an address.

SIGNATURE:

1. 8. 98.

944.321.0882