

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49580 (6)

1. Corporation Name

PEER CENTER, INC.



Principal Place of Business

Mailing Address

2901 W OAKLAND PK
BLVD. B-14
OAKLAND PARK FL 33311
US

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BLVD. B-14
OAKLAND PARK FL 33311
US

3. Date Incorporated or Qualified
06/26/1992

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.
A-12

4. FEI Number
65-0395121

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID, JOHN
408 ANDREWS AVE
STE. 202
FT LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D MOENING, MARK**
STREET ADDRESS **716 SW 4TH STREET, #1**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D/C**
1.3 STREET ADDRESS **Ed Cooper**
1.4 CITY-ST-ZIP **5201 NE 24 Ter A-103**
Ft. Laud, FL 33308

TITLE ☒ DELETE
NAME **D STRENTSTROM, JOHN**
STREET ADDRESS **5028 ISLAND CLUB DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D/V**
2.3 STREET ADDRESS **Steve Ferrante**
2.4 CITY-ST-ZIP **3680 NE 16 Ave**
Ft. Laud. FL 33334

TITLE ☐ DELETE
NAME **SD MARTIN, DAWN**
STREET ADDRESS **9311 NW 14TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **D/S**
3.3 STREET ADDRESS **Arlene Chironno**
3.4 CITY-ST-ZIP **3701 Cleveland Street**
Hollywood, FL 33021

TITLE ☐ DELETE
NAME **TD FREY, VIRGINIA**
STREET ADDRESS **2757 NW 9TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Eric Shacftman D/T**
4.3 STREET ADDRESS **2780 Pine Island Road**
4.4 CITY-ST-ZIP **Apt 107, Sunrise, FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric C. Shacftman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Shacftman 3/5/1996 954-484-8836

Date: Daytime Phone #

CR2E037 (12/95)