

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002747			
1. Corporation Name PEACHTREE INTERNATIONAL ADOPTIONS INC			
Principal Place of Business 2500 AIRPORT RD S STE 311 NAPLES FL 34112		Mailing Address 2500 AIRPORT RD S STE 311 NAPLES FL 34112	
2. Principal Place of Business 21 AS ABOVE		2a. Mailing Address 28 AS ABOVE	
Suite, Apt. #, etc. 22 AS ABOVE		Suite, Apt. #, etc. 27 AS ABOVE	
City & State 23 AS ABOVE		City & State 28 AS ABOVE	
ZIP 24 AS ABOVE		Country 25 AS ABOVE	
Country 26 AS ABOVE		Country 29 AS ABOVE	
Country 27 AS ABOVE		Country 30 AS ABOVE	
9. Name and Address of Current Registered Agent THOMAS TRETTIS 5020 TAMiami TR N NAPLES FL 34103		10. Name and Address of New Registered Agent 81 Name THOMAS TRETTIS 82 Street Address (P.O. Box Number is Not Acceptable) 83 2500 AIRPORT RD S STE 311 84 City NAPLES FL 85 ZIP 34112	
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT P/D THOMAS TRETTIS 2500 AIRPORT RD S STE 311 NAPLES FL 34112	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY S/D MARY FRANCES KRUSE 4033 GUAVA DR NAPLES FL 34104	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER T/D REX ASHLEY 1044 CASTELLO DR STE 106 NAPLES FL 33940	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VICE PRESIDENT VP/D THOMAS SHEA 23 PRIMROSE CT MARCO ISLAND FL 33937 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition Q51
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	200002165822 -05/05/97--01025--003 ***70.00 ☐ Change ☐ Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(v), 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: Rex Ashley Treas 4/14/97		941-417-9288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	