


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90029 009 \*\*\*\*50.00  
 05-19-1999 90029 010 \*\*\*100.00

0387928

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P31024  
 1. Corporation Name  
**PEEK CORPORATION (TAMPA)**

Principal Place of Business: 2701 N ROCKY PT DR, STE 930, TAMPA FL 33607- LF, US  
 Mailing Address: 2701 ROCKY POINT DR, STE 960, TAMPA FL 33607, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3000 Commonwealth Blvd, Suite, Apt. #, etc.  
 22  
 23 Tallahassee, Florida  
 24 32303 25 USA  
 26 3000 Commonwealth Blvd, Suite, Apt. #, etc.  
 27  
 28 Tallahassee, Florida  
 29 32303 30 USA

3. Date Incorporated or Qualified: 09/20/1990  
 4. FEI Number: 22-2881268 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent  
 JUDY TAVAWALLA  
 2701 N ROCKY PT DR  
 STE. #930  
 TAMPA FL 33607

10. Name and Address of New Registered Agent  
 81 Name: Scott B. Ruppel  
 82 Street Address (P.O. Box Number is Not Acceptable): 3000 Commonwealth Blvd  
 83  
 84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.  
 SIGNATURE: [Signature] Controller DATE: 4/8/99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, WILLIAM	
STREET ADDRESS	2701 N ROCKY PT DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JUDY TAVAWALLA	
STREET ADDRESS	2701 N ROCKY PT DR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott B Ruppel	
1.3 STREET ADDRESS	3000 Commonwealth Blvd	
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Wood, Jr	
2.3 STREET ADDRESS	245 Winter Street, Suite 300	
2.4 CITY-ST-ZIP	Waltham, MA 02451	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: [Signature] DATE: 4-8-99 DAYTIME PHONE #: 850-562-2253  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)