## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9200003421 (4)

LAW OFFICES OF PETER GREGORY, P.A. Principal Place of Business Mailing Address 2 EAST CAMINO REAL P. O. BOX 413B **BOCA RATON FL 33429** SUITE 111B DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33429** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1992 12/31/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0381081 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Ele 23 Trust Fund Contribution Added to Fees 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GREGORY. PETER** 2 E. CAMINO REAL Street Address (P.O. Box Number is Not Acceptable) SUITE 111B 83 **BOCA RATON FL 33429** 84 City Zip Code 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, typed or printed name of registered agent and title if appricable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE GREGORY, PETER NAME 1.2 NAME 2 E. CAMINO REAL, SUITE 111B 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33429** CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change A.ddition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information indicates on the I am an officer or director of formation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapler 607, Florida Statutes; and that my name 1/16/28/2

6.4 CITY-ST-ZIP

**FILED** 

Sep 18 1997 8:00am

Secretary of State