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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P92000013481**

PELTER ENTERPRISES, INC.

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90016 010 ***150.00



			-)		
Principal Place of Business	Mailing Address				
14985 N NEBRASKA AVE TAMPA FL 33612	14985 N NEBRASKA AVE TAMPA FL 33612		DO NOT WRITE IN THIS SE	PACE .	
			3. Date Incorporated or Qualifed 12/22/1992		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0393394	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75: Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5:00 May Be Added to Fees	
Zip Country 24	Zip Cou	untry	8. This corporation owes the current year Intang Personal Property Tax.	gible]Yes □No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PRAHST, DEBORAH 3223 LUTZ-LAKE FERN RD.		81 Name			
		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
LUTZ FL 33549		83			
and the second s		84 City	FL	85 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 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		<u> </u>		
			required when reinstating). DATE	
12 .	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D DELETE	1.1 TITLE	10.000	☐ Change ☐ Addition
NAME	PRAHST, DEBORAH A.	1.2 NAME		
STREET ADDRESS	14985 N NEBRASKA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	{	
TITLE .	DELETE	2.1 TTLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	the transfer of the transfer o	2. 4 CITY-ST-ZIP	<u> </u>	
TITLE TOLE	JOY INCLUDE:	3.1 TITLE		
NAME	Team to the area of the control of t	3.2 NAME	·	[
STREET ADDRESS	7. 33.79	3.3 STREET ADDRESS	\$ 1.50 miles	of the excession was
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE .	DELETE	4.1 TITLE		Change Addition
NAME	CW C	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME	·	5.2 NAME	(31)	
STREET ADDRESS		5.3 STREET ADDRESS	,	,
CITY-ST-ZIP	<u></u>	5.4 CITY-ST-ZIP	***	
TITLE	DELETE ☐ DELETE	6.1 TITLE		Change Addition
NAME	1987 - 1976 - 1942 - 1957 - 19	62 NAME		
STREET ADDRESS	NAME OF STREET	6.3 STREET ADDRESS		
CÎTY-ST-ZIP		6.4 CITY-ST-ZIP		•

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.