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 # P9300005670

PETERS PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address 2217 CYPRESS ISLAND DRIVE 2217 CYPRESS ISLAND DRIVE SUITE 205 SUITE 205 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Inco 01/19/1 4. FEI Numb 2a. Mailing Address 2. Principal Place of Business 65-0384 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country 30 24 29 9. Name and Address of Current Registered Agent PETERS, BARBARA 2217 CYPRESS ISLAND DRIVE **SUITE 205** POMPANO BEACH FL 33069

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90001 042 ***150.00



DO NOT WRI	TE IN TH	IS SPACE	
rporated or Qualifed			
993			
per		Applied For	
1696		Not Applicable	
of Status Desired		\$8.75 Additional Fee Required	
Campaign Financing	-	\$5.00 May Be	

Added to Fees

oriu y		8. Inis	8. Inis corporation owes the current year intangible					
		Pers	onal Property T	ax.	☐ Yes	□No		
		10. Nam	ne and Address	of New Registere	d Agent			
	81	Name						
ŀ	82	Street Address (P.O. Box Number is Not Acceptable)						
-			1	1.154	Liberton e.	114.2.2.1.4.4. 9.8.		
	83							
ŀ	84	City			85 7ir	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 a	m familiar with, and accept the obligations of, Section 607.0505, Florid	ia Sialules.		-	'					
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 OFFIC	ERS AND DIRECTORS	IN 12					
TITLE	D · DELETE	1.1 TITLE	\$1,000	☐ Change	Addition					
NAME	PETERS, BARBARA	1.2 NAME	, A	•						
STREET ADDRESS	2217 CYPRESS ISLAND DRIVE SUITE 205	1.3 STREET ADDRESS	100		•					
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
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NAME		5.2 NAME		* *	1					
STREET ADDRESS		5.3 STREET ADDRESS]					
CITY-ST-ZIP	3. 	5.4 CITY-ST-ZIP			ļ					
TITLE	DELETE	6.1 TITLE		Change [Addition					
NAME		6.2 NAME			ı					
STREET ADDRESS		6.3 STREET ADDRESS		·						
CITY OF THE		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 officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address, with