FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE;

DOCUMENT # P93000010472 (7)

J & K PETERS, INC.								
Principal Place	of Business	Mailing Address			-	48 011 8 81 91 11 51 5 6 5	AL OTOH LEG	ID IIEI 1884
139 SE 28TH AVE. BOYNTON BEACH FL 33435		139 SE 28TH AVE. BOYNTON BEACH FL	139 SE 28TH AVE. BOYNTON BEACH FL 33435					
					Date Incorporated or Qualified 02/04/1993	3a. Date of L 05/05	ast Repoi	rt
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0435918		h	lied For Applicable
Suite, Apt. #	l, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	B.75 Ac Fee Req	dditional
City & State		City & State	and a second commence of commence of the comme		6. Election Campaign Financing	_ {	5.00 M	Лау Ве
23		28			Trust Fund Contribution		Added to	
Zip 24	Country 25	Ζφ 29	Country 30		8. This corporation has liability for in Florida Statutes Yes		ders 199	9.032,
	9. Name and Address of Curre		1001		10. Name and Address of New R		ıt	
			81 1	Name			.,	
PETERS, JAMES R JR 139 SE 28TH AVE. BOYNTON BEACH FL 33435			82 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			
			B3	63				
DOTNIC	IN DEACH IL 33433					······································		
			84	Orty		FL 85	Zip Co	ode
SIGNATURE	D	et and tile if application (NC ND DIRECTORS	TE Rugistere Agent si	gnature required	when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIR		IN 12 Addition
NAME STREET ADDRESS	PETERS, JAMES R JR 139 SW 28TH AVE.	-	1.2 N ME 1.3 SI REET AD					
CITY-ST-ZiP TITLE	BOYNTON BEACH FL 3343 D	DELETE	1.4 CITY - ST - 2 2 1 TITLE	ZIF'		□ CF	апое Г	Addition
NAME	PETERS, KENNETH L		2 2 NAME			H	L	
STREET ADDRESS	3511 DAHLIA LANE		2 3 STREET AD	ORESS				
CITY-ST-ZIP	CHASE MD 21220	Florier	2.4 CITY - ST - 3	ZIP	- 7100 000 000 11 11 11 11 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	Falo		7 4 100
TITLE NAME	☐ DELETE		3. 1 TITLE			C)	ange [Addition
STREET ADDRESS			3.2 NAME 3.3. STREET AL	DORESS				
CITY-ST-ZIP			3.4 CITY - ST - 2					
TITLE		☐ DELETE	4. 1 TITLE		CONTRACTOR OF THE CONTRACTOR O	CI	ange [Addition
NAME			4.2 NAME					
STREET ADDRESS			4 3 STREET AD					
CITY-ST-ZIP TITLE		T DELETE	4.4 C/TY-ST 5. 1 TILE	ZIP		□ Ci	nange r	☐ Addition
NAME		LJ *******	5.2 NAME			ال لي	- '9" L.	
STREET ADDRESS			5 3 STREET AD	DRESS				
CITY-ST-ZIP			5.4 CITY-S1	ZiP				
TITLE		DELETE	6 1 TITLE			Ct	iange [Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREET AL					
City-St-ZiP	v certify that the information supplier	i with this filing is voluntarily fun	6.4 CITY - ST - nished and does r		r the exemption stated in Section 119.	07(3)(k) Elorida	Statutes	I further
certify that	the information indicated on this an	nua: record or supplemental ann	rual report is true.	and accurate	e and that my signature shall have the report as required by Chapter 607, Fk	same legal effec	t as if ma	ade under

TABLES R. PETERS JR.
GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 (407)735-0378