## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

## Sep 09 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUMENT # P93000015877 (2)  JAMES PETERS ASSOCIATES, INC.							
OTATILO I		NOOCOINTEO, INC	,,				
Principal Place of Business Mailing Address							BEIDI (IMBI BINDI IDIN 1981 IBDI IBDI
561 ALLENDALE ROAD 561 ALLENDA				)			
KEY BISCAYNE FL 33149				KEY BISCAYNE FL 33149			
US US						DO NOT WRITE IN	THIS SPACE
ļ						3. Date Incorporated or Qualified 03/02/1993	
2. Principal P	Place of Busin	ness	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21			26	26		65-0375558	Not Applicable
<ul> <li>Sulte, Apt.</li> </ul>	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			27			5. Certificate of Status Desired	Fee Required
City & State			City & State	<del></del>		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution L_	Added to Fees	
Zip		Country	Zip	Country		8. This corporation owes or has paid the	
24	O Name	25 and Address of Curre	nt Pogistered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No
KRA		SOCIATES P.A.	in registered Agent	81	Name	10. Hallie and Pourses of New Register	iou ryon
(							
4225 PONCE DE LEON BLVD CORAL GABLES FL 33146					Street Addr	ress (P.O. Box Number is Not Acceptable)	
83							
i				84	City		FL 85 Zip Code
11. Pursuant	t to the provis	sions of sections 607.050	2 and 607.1508, Florida Sta	itutes, the above-r	named corpo		· ——
office or agent. I	regi <b>ste</b> red a <sub>l</sub> am <b>(em</b> iliar v	gent, or both, in the State with, and accept the oblid	e of Florida. Such change w rations of, section 607,0505	as authorized by t . Florida Statutes.	the corporati	ration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		AMEN Y	1650CIATE			/	Sept 18
Signature, typed or printed name of registered agent and tille if applicable. (NO				(NOTE: Registered Ag	ent signature req	uired when reinstating) DA	-
12.		OFFICERS AF	ND DIRECTORS	13.	—————	ADDITIONS/CHANGES TO OFFICER	
TITLE	D CTEDE IAMES I		DELETE	1.1 TITLE			Change Addition
NAME	PETERS, JAMES L ADDRESS 561 ALLENDALE ROAD			1.2 NAME			
STREET ADDRESS				1.3 STREET A			
CITY-ST-ZIP TITLE	KEY BISCAYNE FL 33149			1.4 CITY-ST-	ZiP		
NAME	}		L DELETE	2.1 HISE 2.2 NAME			Change Addition
STREET ADDRESS				2.2 NAME 2.3 STREET A	nnpree		
CITY-ST-ZIP				2.4 CITY-ST-2			•
TITLE	- <del>-</del> -		DELETE				Change Addition
NAME				3.2 NAME			El cutulo El Youlton
STREET ADDRESS	ŀ			3.3 STREET A	NDDRESS		
CITY-ST-ZIP	ļ			3.4 CITY-ST-2	ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME			•	4.2 NAME			<u> </u>
STREET ADDRESS	ĺ			4.3 STREET A	DORESS		
CITY-ST-ZIP				4.4 CITY-ST-2	ZIP		
TITLE	-		DELETE	5.1 TITLE	7		Change Addition
NAME				5.2 NAME			
STREET ADDRESS	J			5.3 STREET A	ADDRESS		
CITY-ST-ZIP				5.4 C(TY-ST-)	ZIP		
TITLE			DELETE				Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET A			
C(TY-ST-ZIP	ı			6.4 CiTY-ST-2	TIP		

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 eath; 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 charged, or on an attachment with an address

**FILED**