

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000021186 (0)

1. Corporation Name

PEER MANAGEMENT INC.



Principal Place of Business

Mailing Address

PO BOX 3159  
VENICE FL 34293

PO BOX 3159  
VENICE FL 34293

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/22/1993

04/28/1995

4. FEI Number

Applied For

65-0397475

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PEER, DENNIS  
2214 PARKLAKE PT  
VENICE FL 34293

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

*Dennis Peer*  
Signature typed or printed name of registered agent and title if applicable

DENNIS PEER

(NOTE: Registered Agent signature required when resigning)

7-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
PEER, DENNIS  
STREET ADDRESS  
2214 PARKLAKE PT  
CITY-STATE-ZIP  
VENICE FL

TITLE ☒ DELETE

NAME  
VD  
PEER, PATRICIA  
STREET ADDRESS  
2214 PARKLAKE PT  
CITY-STATE-ZIP  
VENICE FL

TITLE ☒ DELETE

NAME  
SD  
PEER, PATRICIA  
STREET ADDRESS  
2214 PARKLAKE PT  
CITY-STATE-ZIP  
VENICE FL

TITLE ☐ DELETE

NAME  
TD  
PEER, DENNIS  
STREET ADDRESS  
2214 PARKLAKE PT  
CITY-STATE-ZIP  
VENICE FL

TITLE ☒ DELETE

NAME  
D  
PEER, WALLACE  
STREET ADDRESS  
2080 OAKRIDGE CR  
CITY-STATE-ZIP  
VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME  
VD  
BREINER-PEER, DORIS  
STREET ADDRESS  
2214 PARKLAKE POINT  
CITY-STATE-ZIP  
VENICE FL

3.1 TITLE ☒ Change ☐ Addition

NAME  
JD  
BREINER-PEER, DORIS  
STREET ADDRESS  
2214 PARKLAKE POINT  
CITY-STATE-ZIP  
VENICE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

NAME  
D  
BREINER-PEER, DORIS  
STREET ADDRESS  
2214 PARKLAKE POINT  
CITY-STATE-ZIP  
VENICE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

*Dennis Peer*

DENNIS PEER

7/1/96

(813)

48-5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)