

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

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000021186 (0)**

1. Corporation Name

PEER MANAGEMENT INC.

Principal Place of Business

Mailing Address

**PO BOX 3159
VENICE FL 34283**

**PO BOX 3159
VENICE FL 34283-0123**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 07/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0397475	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PEER, DENNIS 2214 PARKLAKE PT VENICE FL 34283				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

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 OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PEER, DENNIS	1.2 NAME	
STREET ADDRESS	2214 PARKLAKE PT	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	BREINER-PETER, DORIS	2.2 NAME	PEER, DORIS A.
STREET ADDRESS	2214 PARKLAKE PT	2.3 STREET ADDRESS	2214 PARKLAKE PNT
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE FL 34293
TITLE	SO	3.1 TITLE	SO
NAME	BREINER-PETER, DORIS	3.2 NAME	PEER, DORIS A.
STREET ADDRESS	2214 PARKLAKE PT	3.3 STREET ADDRESS	2214 PARKLAKE PNT
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE FL 34293
TITLE	TD	4.1 TITLE	
NAME	PEER, DENNIS	4.2 NAME	
STREET ADDRESS	2214 PARKLAKE PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	BREINER-PETER, DORIS	5.2 NAME	Wallace Peer Sr
STREET ADDRESS	2080 OAKRIDGE CR	5.3 STREET ADDRESS	2080 OAKRIDGE CIRCLE
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE FL 34293
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 by me. 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 the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Date

(941) 497

Daytime

CP2E034 (9/96)