

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90089 001 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034085

1. Corporation Name
PEAK COMMUNICATIONS, INC.



Principal Place of Business
6506 N ST RD 7
COCONUT CREEK FL 33073
US

Mailing Address
6506 N ST RD 7
COCONUT CREEK FL 33073
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1993	
21		26		4. FEI Number 65-0410953	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MIONE, JOSEPH 6101 NW 44 TERR COCONUT CREEK FL 33073				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	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIONE, JOSEPH	1.2 NAME	
STREET ADDRESS	144 N.W. 45TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH., FL	1.4 CITY-ST-ZIP	
TITLE	VPST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIONE, JOSEPH	2.2 NAME	
STREET ADDRESS	144 N.W. 45TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH., FL 33442	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIONE, CAROLYN	3.2 NAME	
STREET ADDRESS	144 NW 45TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEAHC FL	3.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander Mione	4.2 NAME	
STREET ADDRESS	6506 N. ST RD 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander Mione	5.2 NAME	
STREET ADDRESS	6506 N. ST RD 7	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander Mione	6.2 NAME	
STREET ADDRESS	6506 N. ST RD 7	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)