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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

'	1998	DIVISION OF CO	RPORATIONS	Scoretary (	or State
DOCUMENT # P9400008901 (8) PEER PRESSURE INC.					
					(
Principal Place	e of Business	Mailing Address			
100 CENTURY		100 CENTURY BLVD			
W PALM BCH		W PALM BCH FL 33417		DO NOT WRITE IN THIS S	PDACE
U\$ US				3. Date Incorporated or Qualified	FACE
				01/26/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0484481	Not Applicable
Suite, Apt.	#, <del>O</del> IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e e e e e e e e e e e e e e e e e e e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29 3		This corporation owes or has paid the curr     Personal Property Tax due June 30.	Yes . No
	9. Name and Address of Current			10. Name and Address of New Registered A	
RIFKIN, LORI 81 Name					
- 1111-8 53 CT 6 82 Street Address				Address (P.O. Box Number is Not Acceptable)	
- MANGONIA PARK FL 63467					
2127 Embassy Drive West Palm Breach, Fc. 33401  83  84 City					
wes	it palm breach, to	7. 224271	<b>B4</b> City	FL	85 Zip Code
11. Pursuant I	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 registricid agent			e required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13. 1.1 TUTLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	RIFKIN, LORI	_ specie	1.2 NAME	OJEKINI LORI	A change
STREET ADDRESS	-2517 A PRESIDENTIAL-WAY-		1.3 STREET ADDRESS	2127 Embassy Drive	
CITY-ST-ZIP	W PALM BEHAC FL		1.4 CITY-ST-ZIP	west pain Beath, FL. 3344	01
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	Change
NAME	RIFKIN, MARC		2.2 NAME	RIFKIN, MARC	
STREET ADDRESS	-2517-A PREGIDENTIAL WAY-		2.3 STREET ADDRESS	2127 Embassy Drive	
CITY-ST-ZIP	W PALM BAY FL	DELETE	2. 4 CITY - ST - ZIP	West Palm Beach, Fc. 334	Change Addition
TITLE		□ VELETE	3.1 TITLE		Change L Addition
STREET ADDRESS			3.2 NAME 3.3 Street address		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 THILE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		The rese	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME Street address			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

**FILED** Mar 30 1998 8:00am Secretary of State