SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000020066 (4)**

1. Corporation Name
PEER GROUP SYSTEMS, INC.

Principal Place of Business	Mailing Address
1300 COLLINS AVE SUITE 301 MIAMI BEACH FL 33139	1300 COLLINS AVE SUITE 301 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: N-A

2. Principal Place of Business 21 505 E. Denny Way	2a. Mailing Address 26 505 E. Denny Way	4. FEI Number 65-0475070	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Ste 602	Suite, Apt. #, etc. 27 Ste 602	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Seattle WA	City & State 28 Seattle WA	6. [illegible] ☐	**$5.00** May Be Added to Fees
Zip / County 24 98122 / 25 King	Zip / County 29 98122 / 30 King	8. This corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PREKSTO, PETER W JR.
1300 COLLINS AVE
SUITE 301
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: JONATHAN KEANE
82 Street Address (P.O. Box Number is Not Acceptable): 353 W 47 ST 67
83
84 City: Miami Beach FL 85 Zip Code: 33140

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] Jonathan Keane 7-15-95
(Signature, typed or printed name of registered agent, and title if applicable) (Typed Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, [illegible]	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☒ Addition PTS PETER W. PREKSTO JR 505 E. Denny Way Ste 602 Seattle WA 98122
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 7-14-95 206-726-5987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0044207 CP