

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:14

DOCUMENT # P94000028991 (5)

1. Corporation Name

PENINSULA FINANCIAL, INC.

Principal Place of Business

Mailing Address

125 WORTH AVE
STE 302
PALM BEACH FL 33400

125 WORTH AVE
STE 302
PALM BEACH FL 33400

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified 3a. Date of Last Report

04/14/1994

4. FE Number Applied for 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

2. Principal Place of Business

2a. Mailing Address

21 211 Seaview Avenue

26 211 Seaview Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 By A State

28 City & State

23 Palm Beach FL

28 Palm Beach FL

24 Zip 33480

29 Zip 33480

30 Country Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEENAN, JAMES F

125 WORTH AVE

STE 302

PALM BEACH FL 33400

81 Name James F Keenan

82 Street Address (P.O. Box Number is Not Acceptable) 211 Seaview Avenue

83 City & State Palm Beach FL

84 Zip 33480

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

James F Keenan

(NOTE: Registered Agent signature required when constituting)

DATE

3/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

1.1 TITLE
12 NAME James F Keenan
13 STREET ADDRESS 211 Seaview Avenue
14 CITY - ST - ZIP Palm Beach, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 110.07(3)(b), 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:

James F Keenan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95

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