

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:56

DOCUMENT # P94000034043 (7)

1. Corporation Name

PETER LAWRENCE DEVELOPMENT CORP.

Principal Place of Business

**4710 EISENHOWER BLVD.
SUITE C-1
TAMPA FL 33634-6334**

Mailing Address

**4710 EISENHOWER BLVD.
SUITE C-1
TAMPA FL 33634-6334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

4. FEI Number

59-3253169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

7. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HOROWITZ, LAWRENCE D
4710 EISENHOWER BLVD.
SUITE C-1
TAMPA FL 33634-6334**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HOROWITZ, LAWRENCE D
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1
CITY-ST-ZIP	TAMPA FL 33634-6334
TITLE	D
NAME	ABRAMS, ALLAN
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1
CITY-ST-ZIP	TAMPA FL 33634-6334
TITLE	D
NAME	LLEWELLYN, ROBERTA
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1
CITY-ST-ZIP	TAMPA FL 33634-6334
TITLE	P
NAME	SHAPIRO, JAMES J
STREET ADDRESS	4710 EISENHOWER BLVD C-1
CITY-ST-ZIP	TAMPA, FL 33634-6334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-95 (613) 889-8855