## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376.)

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000077914 (7)

PETERSON BUILDERS OF THE KEYS, INC.

Principal Place	of Business		Mailing Addre	ess	-		T YOOTHOOT TIE TATIL ONALE DEELL OFFIE OFFIE ONLY ENGLE HERDE HENDE TIGHT GIGH TOOL		
615-R GRINNELL ST KEY WEST FL 33040				615-R GRIMMELL ST KEY WEST FL 33040					
							<ol> <li>Date Incorporated or Qualified 10/24/1994</li> </ol>	3a. Date of Last Report 07/05/1995	
2. Principal Pla 21 /8/5 - R	ace of Busin	well st	2a. Mailing Ad	2a. Mailing Address AM C			4. FEI Number 65-0533310	Applied For Not Applicable	
Suite, Apt #			Suite, Apt	#, etc		22. 2. 11. 14.	5. Certificate of Status Desired	\$8.75 Additional	
22 City & State				City & State			6. Election Campaign Financing	Fee Required  \$5.00 May Be	
23 Key WOST			28	F 1			Trust Fund Contribution	Added to Fees	
7 7 2 A	(//)	Country	Zιρ		Country	,	8. This corporation has liability for i		
24 3 30	7 <i>0</i>	25 U ) 17 and Address of Curre	29	3	0		Florida Statutes  10. Name and Address of New Reg	Yes No	
L/1 IL	VKEL, ROB		iit negistered Ager		81	Name	To. Name and Address of New Mes	istoreu Agent	
				Street A	Address (P.O. Box Number is Not Acceptab	0)			
	whitehe. West fl					Street	Address (F.O. Box Number is No. Acceptable)		
•					83				
					84	City		85 Zip Code	
44 Channaste	a that executed	and of Eustines FO7 OF	00 and 607 1500 E	vida Ctatutas	The obside	- Danied o	proceeding a posite this statement for the re-	FL   13   245 Code	
office or re	egistered	ent or both, jo the State	of Florida Such ch	ange was autr	iorized by	the corpo	orporation submits this statement for the pure training board of directors. Thereby accept	the appointment as registered	
	n tamur wi	and accordine doing	jations of, Section 60	27 USUS FIORIO	ia Statutes		8/	19/46	
SIGNATURE 5	Signature typed	or printed righter of region	enrand (tie il applicable	(NOTE F	Registered Age	ent signature i	required when reinstating)	mal:	
12.		OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DEDODALL A		DELETE	1 1 TITLE	ļ		Change Add-tion	
NAME		DEBORAH A RINNEL STREET			1.2 NAME 1.3 STREET	ADDUCCO			
STREET ADDRESS CITY+ST+ZIP		ST FL 33040			1.4 CITY - 5				
TITLE	714a 1 47 ha	01 12 00010		DELETE	2.1 TITLE	J1 21		Change Addition	
NAME					2 2 NAME				
STREET ADDRESS					2 3 STREE	ADDRESS			
CITY - ST - ZIP					2 4 CITY -	ST-ZIP		antanian and a second a second and a second	
TITLE				DELETE	3 1 TITLE			Change Addition	
NAME					3 2 NAME	LADODO			
STREET ADDRESS CITY-ST-ZIP					3 3 STREE.	ADORESS ST. 20P			
TITLE				DELETE	4 1 TITLE	91.Th.		Change Addition	
NAME					4 2 NAME				
STREET ADDRESS					4 3 STHEE	T ADORESS			
CITY-S1-ZIP					4.4 CITY -:	ST - ZIP			
TITLE				DELETE	5 1 THILE			Change Addition	
NAME CIRCLI ADDOCCO					5.2 NAM:	T AODRÉSS			
STREET ADDRESS CITY-ST-ZIP					5 3 STREE				
TITLE				DELETE	6 1 TITLE	J1 ' EIT	00000193	Change Addition	
NAME					6 2 NAME	į	-08/22/96010	32054	
STREET ADDRESS					63STREE	T ADDRESS	***375.00		
CITY - ST - ZIP			10 F1 F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		64 CITY -				
14 I do hereb	ov certify that	t the information supplied	ed with this filing is v	oluntarily furni	shed and	does not	qualify for the exemption stated in Section 1	19 07(3)(k). Florida Statutes I	

6. 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)(k). 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 his report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALBORAL Q Sattler Signing OFFICER OR DIRECTOR

8/19/96 305-294-2550 CS 8/20/96

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