

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000049188 (2)

1. Corporation Name
NATIONAL PBE, INC.



Principal Place of Business 15 NORTH KENT AVENUE ORLANDO FL 32805	Mailing Address 15 NORTH KENT AVENUE ORLANDO FL 32805-1717
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3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report 06/13/1996
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2. Principal Place of Business 21 6529 Southern Blvd Sulte, Apt. #, etc.	2a. Mailing Address 26 6529 Southern Blvd Sulte, Apt. #, etc.
22 City & State 23 West Palm Beach FL	27 City & State 28 West Palm Beach, FL
24 Zip 33413	25 Country United States
29 Zip 33413	30 Country Palm Beach

4. FEI Number 59-3333822	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PECKHAM, GEOFFREY
15 NORTH KENT AVENUE
ORLANDO FL 32805

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6529 Southern Blvd.
83
84 City **West Palm Beach FL** 85 Zip Code **33413**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PECKHAM, GEOFFREY		1.2 NAME	
STREET ADDRESS 15 NORTH KENT AVENUE		1.3 STREET ADDRESS 6529 Southern Blvd	
CITY-ST-ZIP ORLANDO FL 32805		1.4 CITY-ST-ZIP West Palm Beach, FL 33413	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAPP, ZACHARY		2.2 NAME	
STREET ADDRESS 825 SOUTH BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33606		2.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONDAY, KATHLEEN A		3.2 NAME	
STREET ADDRESS 15705 CHADWICK COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33647		3.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLYFIELD, SYNDE W		4.2 NAME	
STREET ADDRESS 3117 CAMELLIAWOOD CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME John D. Stevens	
STREET ADDRESS		5.3 STREET ADDRESS 700 Teal Way	
CITY-ST-ZIP		5.4 CITY-ST-ZIP North Palm Beach, FL 33408	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE UP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Charles F. Hansen, Jr.	
STREET ADDRESS		6.3 STREET ADDRESS 6529 Southern Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP West Palm Beach FL 33413	

14. I do 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.

SIGNATURE: *Sandra B. Mortham* **REQUIRED** Date: **4/15/97** (904) 432-2717 Daytime Phone #

CR2034 (9/96)

**NATIONAL PBE, INC.
6529 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413
FEI NUMBER 59-3333822**

SUPPLEMENTAL ADDITIONS/CHANGES

OFFICERS AND DIRECTORS

ADDITION

Vice President

Robert B. Smithwick, Jr.
104 N. Deerwood Ave.
Orlando, FL 32825