

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000025919 (7)

1. Corporation Name

PEACOCK HOMES, INC.

Principal Place of Business

~~112 ROSE DRIVE~~  
~~FORT LAUDERDALE FL 33316~~

Mailing Address

112 ROSE DRIVE  
FORT LAUDERDALE FL 33316-1044



3. Date Incorporated or Qualified

03/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 101 SE 21 STREET

Suite, Apt #, etc.

22 City & State

23 Ft. Lauderdale

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 101 SE 21 STREET

Suite, Apt #, etc.

27 City & State

28 Ft. Lauderdale

Zip

29 33316

Country

30 U.S.A.

4. FEI Number

65-0648694

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

9. Name and Address of Current Registered Agent

WRIGHT, PATRICIA K

~~112 ROSE DRIVE~~

~~FORT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name

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

83 101 SE 21 STREET

84 City

Ft. Lauderdale, FL

85 Zip Code

33316

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
WARD, HARRY J  
STREET ADDRESS 900 NO. OCEAN BLVD. STE 19  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE

NAME D  
WRIGHT, PATRICIA K  
STREET ADDRESS ~~112 ROSE DRIVE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33316~~

TITLE ☐ DELETE

NAME D  
DUGAN, JAMES A  
STREET ADDRESS 900 NO. OCEAN BLVD. STE A  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0274964

CR2E034 (9/96)