SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

97 JUL 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000042197 (9)

1. Corporation Name
PEG'S NEEDLEWORK, INC.

Principal Place of Business
10301 S US HIGHWAY 27 #48
CLERMONT FL 34711

Mailing Address
10301 S US HIGHWAY 27 #48
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 157 N. US Hwy 27
Suite, Apt #, etc.
22
City & State
23 Clermont FL
Zip 24 34711 Country 25 USA

2a. Mailing Address
26 157 N. US Hwy 27
Suite, Apt #, etc.
27
City & State
28 Clermont FL
Zip 29 34711 Country 30 USA

3. Date Incorporated or Qualified: 06/01/1996
3a. Date of Last Report: N/A
4. FEI Number: 59-3382037 [ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [X] No

9. Name and Address of Current Registered Agent
HORTON, DENNIS L
900 W HIGHWAY 50
CLERMONT FL 34711

10. Name and Address of New Registered Agent
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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE	P/V/T/S/D/C	[X] Change [ ] Addition
NAME	ACKERT, PEGGY		1.2 NAME	Ackert, Peggy	
STREET ADDRESS	10301 S US HIGHWAY 27 #48		1.3 STREET ADDRESS	15926 Green Cove Blvd	
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP	Clermont FL 34711	
TITLE		[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME			2.2 NAME	600002250846--3	
STREET ADDRESS			2.3 STREET ADDRESS	-07/29/97--01074--023	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	7/28	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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