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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000054386 (3)

1. Corporatio	T Natio				
PEAK (	CONNECTIONS, INC.				<b>1</b>
Principal Plac	e of Business	Mailing Address			
		2859-GLORIA COURT	RABA.	1	
2859 GLORIA COURT 2859 GLORIA COURT CLEARWATER FL 34621 CLEARWATER FL 34621					
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 06/16/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 P. o. Box 1534-Z- Suite, Apt. #, etc.		59-3397417	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State  28 CLEMANUM	FL	6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 33766	Country 30 USA	This corporation owes or has paid the Personal Property Tax due June 30.	
24	g. Name and Address of Curre		1301 054	10. Name and Address of New Registere	
VA.	UTEN, NEIL A		81 Name		
	59 GLORIA COURT		00 000 000	(D.O. David, ask ask Association)	
	EARWATER FL 34621		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
<b>V</b>			83		
			B4 City		85 Zip Code
			04 City	F	L S PARCOGE
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statutes	ion's board of directors. I hereby accept the e	•
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Р ,	DELETE	1.1 TITLE		Change Addition
NAME	KAUTEN, NEIL N		1.2 NAME		
STREET ADDRESS	2859 GLORIA COURT		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	CLEARWATER FL 34621	DELETE	1.4 CITY - ST - ZIP 2.1 T(TLE		Change Addition
NAME	KAUTEN, PAMELA A	Ш инт	2.2 NAME		
STREET ADDRESS	2859 GLORIA COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		2 4 City-S1-ZiP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
10LE ←		DELETE	4.1 TALE		☐ 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		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	ne. Fre	5.4 City - St - 7/P		
TITLE		DELETE	61 TITLE		Change Addition

CITY-ST-ZIP 14. Thereby 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 eath; 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.

63 STREET AUDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

President

813 724 5465

**FILED** 

Jan 20 1998 8:00am

Secretary of State