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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P96000079547 (1)

PEONY	GHOUP CORP.			
Principal Plac	on of Business	Mailing Address	····	
,		_		
		2338 IMMOKALEE RD STE 225		
NAPLES FL 33942		NAPLES FL 33942		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
				09/25/1996
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
		26		65-0299876 Not Applicable
Sulte, Apt.	#, OC.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
		City & State		
23	le c	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country		Country	This corporation owes or has paid the current year Intaggible
24	25	29 3	¬ ·	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren		<u></u>	10. Name and Address of New Registered Agent
KANTOR, WARREN  81 Name Actor Amil Com				
DOOD HILLOWALES DOAD MOOF				Address (P.O. Box Number's Not Acceptable)
NAPLES FL 33942			Address (B.O. Box Number is Not Accellable)	
83			Sulle mr	
			300TC 005	
			84 City	1)001es FL 85 Zip 5009 947
11. Pursuant to be provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
11. Pursuant to be 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 firmiliar with, and affected the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE JULI VIN Paul Kirk, Treasurer 4-23-9X				
CIGITATIONE			Registered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D WANTOD WADDIN	☐ DELETE	1.1 TITLE	Li cuange Li Addition I
NAME	KANTOR, WARREN 2338 IMMOKALEE ROAD #22	<b>E</b>	1.2 NAME	
STREET ADDRESS	NAPLES FL 33942	9	1.3 STREET ADDRESS	
CITY-ST-Z#P TITLE	P	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	CLOUSER, KATRINA		2.2 NAME	Linda Watson 233 & Immolfalee Ed, Steza
STREET ADDRESS	2338 IMMOKALEE RD STE 22	5	2.3 STREET ADDRESS	233 & Immorealee Ed, Steza
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	Nagles, FL 32942
TITLE	T	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRK, PAUL	'	3.2 NAME	
STREET ADDRESS	2338 IMMOKALEE RD STE 22	5	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 THILE	☐ 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		T s. Pr. Presid	5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
TITY_CT_7iD	1		= EXCITY OF 710	

14. I 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 angual report of 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address