

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

FILED
May 14 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 # P96000087290 (8)
1. Corporation Name
THE PEACEMAN CORPORATION



Principal Place of Business: POST OFFICE BOX 678087, ORLANDO FL 32887
Mailing Address: POST OFFICE BOX 678087, ORLANDO FL 32867-8087

3. Date Incorporated or Qualified: 10/23/1996
3a. Date of Last Report
4. FEI Number: 59-339-3732
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
ROGERS, METZ
10509 VIA DEL SOL
ORLANDO FL 32817

10. Name and Address of New Registered Agent
81 Name: DEREK ROGERS
82 Street Address (P.O. Box Number is Not Acceptable)
83 10509 VIA DEL SOL
84 City: ORLANDO FL 85 Zip Code: 32817

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: *Steen Hansen* DATE: 4/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, METZ	
STREET ADDRESS	POST OFFICE BOX 678087 N/A	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ILTSOPOULOS, NICK	
STREET ADDRESS	POST OFFICE BOX 678087 N/A	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULLIN, MARK	
STREET ADDRESS	POST OFFICE BOX 678087 N/A	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Mullin* DATE: 4/28/97 407-671-1700

CR2E034 (9/96)