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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700007181

1, Corporation Name

PEAK ENTERPRISE GROUP, INC.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 004 ***150.00



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Principal Place of Business Mailing Address											1 (85/(85()19 (911) (89	46111 84			
9640 NW 28TH ST 9640 NW 28TH ST															
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065										DO NOT WRITE IN THIS SPACE					
										3 Dat	te Incorporated or (- NV 1111C	7 01 7100	
									į		/21/1997				
2. Principal Place of Business 2a. Mailing Address										4. FEI	Number			A	pplied For
<u> </u>					6					65-	-0719655			N	lot Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					- 0				\$8.75	Additional
22					7.					5. Cer	tifcate of Status De	esirea		Fee R	lequired
City & State					City & State					6. Elec	ction Campaign Fir	nancing	П	\$5.00	May Be
23				28						Trus	st Fund Contribution	n	<u> </u>	Added	to Fees
Zip		Count	try	<u></u>	Zip	_	Country			1 *-	s corporation owes		ent year in		
- :		25		29		30					sonal Property Tax			Yes	□No
	9. Name	and Add	ess of Current	Regis	tered Agent		81	Nam		10. Nar	me and Address o	New H	egistered	Agent	
וותם	INAAD DAVI	MUND V	•		•		01	Nam	ie						
DOUMAR, RAYMOND A							Stre	et Addres	ss (P.O. E	s (P.O. Box Number is Not Acceptable)					
FT LAUDERDALE FL 33316								<u> </u>				· · · · · · · · · · · · · · · · · · ·		3 3 3 4 4 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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office or r	to the provis registered ag	ent, or bot	h, in the State of	Floric	07.1508, Florida Statute la. Such change was au	ıthori:	zed by	the co	erporation	n's board	of directors. I here	by accep	t the appo	intment as re	egistered
agent. I a	ım familiar wi	ith, and ac	cept the obligation	ons of,	Section 607.0505, Flor	ida S	tatutes	•							
SIGNATURE			ne of registered agent a	ad title i	f and limited (NOTE)	Dogista	arad Agan	t cianati	en required w	when reinstat	ting)		DATE		
12.	algnature, typed		OFFICERS AND		<u></u>		3.	i syriato	io required in		ITIONS/CHANGES	TO OF		ND DIRECTO	ORS IN 12
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CITY-ST-ZIP 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 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 trusted employeed 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 apachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: