P CORI	PROFIT PORATION		FLORID	FLORIDA DEPARTMENT SANDER B. MOY		TE	Apr 09 19	ILED 1998 8:00an	
ANNUAL REPOR <b>1998</b>			DIVIS	Secretary of Si DIVISION OF CORPO			Secretary of Stat		
DOCUN 1. Corporation JIM &	MENT # Name PETER, INC.	P97000	0012877	7 (1)				HI <b>11111 11111 11111</b> 11 <b>11</b> 11	1 12 TU 12 TU 15 TU
Principal Place			Mailing Address				- 		i 16914 1884 1881
4320 N.W. 16 MIAMI FL 330			4320 N.W. 16 MIAMI FL 330				DO NOT WRITE IN 3. Date Incorporated or Qualified 02/07/1997	N THIS SPACE	
2. Principal Pla	ice of Business		2a. Mailing Add	ess			4. FEI Number	o 1	Applied For
21 Suite, Apt. #	, etc.		Suite, Apt. #	etc.	-	· · · · · ·			Not Applicable Additional
City & State			City & State				6. Election Campaign Financing	Fee F	Required  May Be
<b>23</b> Zip	Cou	ıntry	<b>28</b> Zip	T Co	intry		Trust Fund Contribution	Added Added	to Fees
24	25		29 Registered Agent	30			This corporation owes or has paid Personal Property Tax due June 30	O. Yes	No No
GE	ORGANAS, DEM		uedistalen waalit		81 Na	ame	10. Name and Address of New Regi	stered Agent	
43:	20 N.W. 167TH S				<b>82</b> Str	eet Addre	ss (P.O. Box Number is Not Acceptable	)	
MIL	AMI FL 33054				83				
					84 Cit	ly		85 Zip	Code
11. Pursuant to	the provisions of S	Sections 607.0502	and 607.1508, Flori	da Statutes, the	above-nai	med corpo	pration submits this statement for the pur	pose of changing	its registered
SIGNATURE _	gistered agent, or to familiar with, and a gnature, typed or printed						oration submits this statement for the pur on's board of directors. I hereby accept to the reinstating	DATE	s registered
12.	PSD	OFFICERS AND	DIRECTORS DE	13		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
NAME STREET ADDRESS	GEORGANAS 1537 HOLLYV		_ D.	1.2	TITLE Name Street addr	ESS		<b>∟</b> Change	☐ Addition
CITY-ST-ZIP TITLE	HOLLYWOOD VTD	FL 33021	DE		CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS	ALEXOPOULO 1509 N. 16TH	COURT	Land V	2.21	NAME Street addr	ESS			
CITY-ST-ZIP TITLE	HOLLYWOOD	FL 33020	☐ DE		CITY - ST - ZIP	<u> </u>		☐ Change	Addition
NAME			_	3.21	NAME				
STREET ADORESS CITY-ST-ZIP					Street addri City-St-Zip	1			
TITLE			☐ DE		ITLE			Change	Addition
NAME Street address					name Street addri				
CITY-ST-ZIP				4.41	XTY-ST-ZIP	33			
TITLE			DE					☐ Change	Addition
STREET ADDRESS					iame Street addri	ESS			
CITY-ST-ZIP				5.4 (	CITY-ST-ZIP			——————————————————————————————————————	
TITLE NAME			☐ DE		itle Iame			☐ Change	Addition
STREET ADDRESS					TREET ADORE	ess			
CITY-ST-ZIP	rtify that the informa	ation supplied with	this filing does not	quality for the ex	emotion s	tated in S	ection 119.07(3)(i), Florida Statutes. I fur	than cartifu that the	n information
indicated of	n inis annuai report	or supplemental a	nnual report is frue.	and accurate ar	id that my	rsionature	shall have the same legal effect as if an ed by Chapter 607, Florida Statutes; an	ade under ooth: th	at I am an

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