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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000020955 (5) DOCUMENT #

PEGGY SUE PINE IMPORTS, INC.

Principal Place of Business

Mailing Address

FILED Jan 26 1998 8:00am Secretary of State



4627 CHANCELLOR AVE. N.E. 8T. PETERSBURG FL 33703			4627 CHANCELLOR AVE. N.E. ST. PETERSBURG FL 33703				
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997
2. Principal P	Place of Busines	s	2a. Mailing Address				A FEI Number
21			—	26			4. FEI Number 343 2884 Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22 City & State			City & State				Fee Required
City & State			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country			Zip Country			8. This corporation owes or has paid the current year Intangible
24	25					Personal Property Tax due June 30. 🔲 Yes 🚺 No	
		d Address of Curre	nt Registered	d Agent		.1	10. Name and Address of New Registered Agent
	ARUNS, MARG	-			8	1 Name	
	81 CAROLINA			82 Street Add			Address (P.O. Box Number is Not Acceptable)
ST	i. Petersbur	G FL 33703				↓	
					8	3	
					8	4 City	FL 85 Zip Code
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 farmiar with indicate the obligations of Section 697,0505, Florida Statutes.							
agent. I am familiar with And accept the obligations of Section 607 0505, Florida Statutes.							
SIGNATURE	Signature, typed or p	rinted name of registered ap	ant and title if well	JULIA	Sonictored (cont nonature	e required when reinstaling) DATE
12.	Signature, typeco or p	FFICERS AN			13.	gen signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		D Direction	DELETE	1.1 TITLE	: 1	Change Addition
NAME	NARUNS, I	MARGARET			1.2 NAM		
STREET ADDRESS	2081 CAR	OLINA AVE. NE				ET ADDRESS	
CITY-ST-ZIP	ST. PETER	SBURG FL 33703			1.4 CITY		
TITLE	ס	<u>· · .</u>		☐ DELETE	2.1 TITLE		Change Addition
NAME	CERRATO,	SUSAN			2.2 NAM	.	
STREET ADDRESS	301 ISLAN	D WAY UNIT B				ET ADDRESS	
CITY-ST-ZIP	CLEARWA1	TER FL 34630				-ST-ZIP	
TITLE				DELETE	3.1 TITLE		Change Addition
NAME	1				3.2 NAM	E .	
STREET ADDRESS					3.3 STRE	ET ADDRESS	
CITY-ST-ZIP					3 4. CITY	-ST-ZIP	
TITLE			··· · · · · · · · · · · · · · · · · ·	☐ DELET E	4.1 TITLE		Change Addition
NAME					4. 2 NAM	IE	
STREET ADDRESS					4.3 STRE	ET ADDRESS	
CITY-ST-ZIP					4.4 CiTY	· ST · ZIP	
TITLE				☐ DELETE	5.1 TITLE	 	Change Addition
NAME					5.2 NAM	E	
STREET ADDRESS					5.3 STRE	ET ADDRESS	
CITY-ST-ZIP					5 4 CITY	-ST-ZIP	
TITLE				☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAM		
STREET ADDRESS					6.3 STR€	ET ADORESS	
CITY-ST-ZIP		farmation of the t	delicate of the	dans ant - 1-05 /	6.4 CITY		and in Caption 440 07/0V(). Florida Cighter 1 5 of a section 440 07/0V().
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 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.							