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Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90004 024 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028135

1. Corporation Name
HENRY PETERSON INC

Principal Place of Business Mailing Address
2328 EDISON AVE 2201 SE 32 Terr
FT. MYERS FL 33901 CAPE CORAL FL
33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/25/97
4. FEI Number 65-0738154 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 2328 EDISON AVE 26 2201 SE 32 TERR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 FT MYERS FL 28 CAPE CORAL FL
Zip Country Zip Country
24 33901 25 LEE 29 33901 30 LEE

9. Name and Address of Current Registered Agent

THERESA DEHAUEN
5401 N. FEDERAL HWY
FT. LAUDERDALE, FL 33308

10. Name and Address of New Registered Agent

81 Name THERESA DEHAUEN
82 Street Address (P.O. Box Number is Not Acceptable) 2201 SE 32 TERR
83
84 City CAPE CORAL FL 85 Zip Code 33901

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 *Theresa D* THERESA DEHAUEN, Pres 6/15/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	THERESA DEHAUEN	
STREET ADDRESS	2201 SE 32 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	Tomas Munoz	
STREET ADDRESS	2328 EDISON AVE	
CITY-ST-ZIP	FT. MYERS FL 33901	
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 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, with all other like empowered.

SIGNATURE: *Theresa D* 6/15/99 941-332-3500
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)