

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000054936 (4)

1. Corporation Name  
TWIN PEAK MANAGEMENT, INC.



Principal Place of Business

10400 GRIFFIN ROAD  
SUITE 203-B  
COOPER CITY FL 33328

Mailing Address

10400 GRIFFIN ROAD  
SUITE 203-B  
COOPER CITY FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1842 Funston St  
Suite, Apt. #, etc.

22 City & State  
Hollywood, FL

23 Zip  
33020

24 Country  
USA

2a. Mailing Address

26 1842 Funston St  
Suite, Apt. #, etc.

27 City & State  
Hollywood, FL

28 Zip  
33020

29 Country  
USA

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

65-0764452

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

PEREZ, PEDRO  
10400 GRIFFIN ROAD  
SUITE 203-B  
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name  
Alison Fischlein  
82 Street Address (P.O. Box Number is Not Acceptable)  
1842 Funston St  
83  
84 City  
Hollywood FL 85 Zip Code  
33020

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

Alison Fischlein 3/25/98

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PEREZ, PEDRO C  
12480 SW 106TH STREET  
MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FISCHLEIN, ALISON  
3901 S OCEAN DR, APT 16-C  
HOLLYWOOD FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
P.O.  
Alison Fischlein  
1842 Funston St  
Hollywood, FL 33020  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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.

SIGNATURE  
3/25/98 954 9236376

CR2E034 (10/97)