

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 014 ***450.00

DOCUMENT # P98000040817 lok

1. Corporation Name

PEEK DEVELOPMENT INC.

Principal Place of Business

Mailing Address

26275 SW 197th Ave
Homestead, FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-6-98

2. Principal Place of Business

2a. Mailing Address

21 26275 SW 197th Ave

26 26275 SW 197th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Homestead FL

28 Homestead FL

Zip

Country

Zip

Country

24 33031

25 USA

29 33031

30 USA

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John K. Peek
26275 SW 197th Ave
Homestead FL 33031

81 Name

MARK ROBERTS

82 Street Address (P.O. Box Number is Not Acceptable)

1509 DODD ROAD

83

84 City

WINTER PARK

FL

85 Zip Code

32792

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/Secretary ☒ DELETE
NAME John K. Peek
STREET ADDRESS 26275 SW 197th Ave
CITY-ST-ZIP Homestead FL 33031

1.1 TITLE MARK Roberts ☐ Change ☒ Addition
1.2 NAME President/Secretary
1.3 STREET ADDRESS 1509 DODD Road
1.4 CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Tom Durant ☐ Change ☒ Addition
2.2 NAME V. President/Tresury
2.3 STREET ADDRESS 4280 N.W. 55 Drive
2.4 CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 305-248-6323

CR2E034 (11/98)