

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S63330 (2)

1. Corporation Name  
PETER D. CUMMINGS & ASSOCIATES, INC.

Principal Place of Business  
3501 S.W. CORPORATE PARKWAY  
PALM CITY FL 34990  
US

Mailing Address  
3501 S.W. CORPORATE PARKWAY  
PALM CITY FL 34990  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0271491	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRY, STEPHEN  
3501 S.W. CORPORATE PARKWAY  
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <del>GIUNTA, DAVID R.</del>	1.1 TITLE	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>3200 KIRBY DRIVE, SUITE 220</del>	1.2 NAME	Keith L. Cummings
STREET ADDRESS	<del>HOUSTON TX</del>	1.3 STREET ADDRESS	3501 SW Corporate Parkway
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	D CUMMINGS, PETER D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3501 S.W. CORPORATE PARKWAY	2.2 NAME	500002465505
STREET ADDRESS	PALM CITY FL	2.3 STREET ADDRESS	-03/23/98--01074--016
CITY-ST-ZIP		2.4 CITY-ST-ZIP	***150.00
TITLE	VP <del>TARTI, BLAKE</del>	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>3200 KIRBY DRIVE, STE 214</del>	3.2 NAME	Stephen Fry
STREET ADDRESS	<del>HOUSTON TX</del>	3.3 STREET ADDRESS	3501 SW Corporate Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	P CHASEN, DONALD L	4.1 TITLE	President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3501 S.W. CORPORATE PARKWAY	4.2 NAME	Donald L. Chasen
STREET ADDRESS	PALM CITY FL	4.3 STREET ADDRESS	3501 SW Corporate Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President, Asst. Secty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Beverly Erikson
STREET ADDRESS		5.3 STREET ADDRESS	3501 SW Corporate Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Donald Hoffenkamp
STREET ADDRESS		6.3 STREET ADDRESS	3501 SW Corporate Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm City FL 34990

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 \_\_\_\_\_ (561) 288-0788

CR25034 (10/97)

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**PETER D. CUMMINGS & ASSOCIATES, INC.**

**Additional Page**

**Additional Officers:**

Title:       Treasurer/Assistant Secretary  
Name:       Michael Nudi  
Address:     3501 S.W. Corporate Parkway  
              Palm City, FL 34990

• Title:       Secretary  
• Name:       Betty M. English  
• Address:     3501 S.W. Corporate Parkway  
              Palm City, FL 34990