FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S72818** **(5)**

1. Corporation Name

PETERS REALTY, INC.

Principal Place of Business	Mailing Address
1911 S FEDERAL HWY DELRAY BEACH FL 33483	1911 S FEDERAL HWY DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **08/13/1991**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0280910** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

PETERS, WILLI G
446 BLUEBIRD LANE
DELRAY BCH. FL 33445

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 Section(s) 607.0502 and/or 617.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12	
TITLE	D	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	PETERS, WILLI G.		13 NAME	
STREET ADDRESS	446 BLUEBIRD LN		13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		13 CITY-ST-ZIP	
TITLE	D	☐ DELETE	14 TITLE	☐ Change ☐ Addition
NAME	PETERS, LORRAINE A.		14 NAME	
STREET ADDRESS	446 BLUEBIRD LN		14 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		14 CITY-ST-ZIP	
TITLE		☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME			15 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			15 CITY-ST-ZIP	
TITLE		☐ DELETE	16 TITLE	☐ Change ☐ Addition
NAME			16 NAME	
STREET ADDRESS			16 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			17 NAME	
STREET ADDRESS			17 STREET ADDRESS	
CITY-ST-ZIP			17 CITY-ST-ZIP	
TITLE		☐ DELETE	18 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			18 STREET ADDRESS	
CITY-ST-ZIP			18 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and accurate, especially 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 added to the report with an address.

SIGNATURE: Willi Peters WILLI PETERS 3/20/96 243 2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #