FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 3-1896

253 GMDF CORPORATIONS

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1 Corporation Magno		

S92298

(6)

PEERS DESIGNS, INC.

Principal Place of Business Mailing Address		
210 S. SPRING GARDEN AVE. DELAND FL 32720 210 S. SPRING GARDEN AVE. DELAND FL 32720		
	3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1995	
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place Of	4. FE Number Applied For 59-3079892 Not Applieable	
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional	
27	5. Certificate of Status Desired Fee Required	
City & State City & State	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip Country Zip Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,	
24 25 29 30	Florida Statutes Yes No	
Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
ſ	anie	
PEERS, FRANK M. 210 S. SPRING GARDEN AVE.	treet Address (P.O. Box Number is Not Acceptable)	
DELAND FL 32720 83		
84 Ci	ty FL 85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name or registered agent, or both, in the State of Florida. Such change was authorized by the corporat familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 	ion's board of directors. I hereby accept the appointment as registered agent. I am	
Signature, typical or printed manusical registered agent and titte if applicable. (NOTE: Registered Agent sign 12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIRE P DELETE 1.1 TIRE	Change Addition	
NAME PEERS, FRANK M. 1.2 NAME		
STREET ADDRESS 210 S. SPRING GARDEN AVE 1.3 STREET ADDR	ADDRESS	
CITY-ST-ZIP DELAND FL 1.4 CITY-ST-ZIF		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trusted 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 extactiment with an address.

SIGNATURE:

SIGNATURE AND TYPEU OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Marcet 96 (904) 734 4919

CR2E034 (12/95)