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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S96501 1. Corporation Name

PETER PAN ASSOCIATES, INC.

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Principal Plac	ce of Business	Mailing Address				, 100,1010 110 10110 0110 01	**** ***** **** *****	01011 01E17 E1E11	01011 61511 1961
111 E BOCA RATON RD		111 E BOCA RATON RD							
BOCA RATON FL 33432		BOCA RATON FL 33432			DO NOT	MOITE IN THE	C CDACE		
U\$ US		US			-	3. Date Incorporated or Qual	WRITE IN THIS	SOPAGE	* .
						11/25/1991	iieu		
2 Principal F	Place of Business	2a. Mailing Address			-	4. FEI Number		I A	pplied For
21		26			Ì	65-0299912			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27		1	5. Certificate of Status Desire	ia 📖	Fee R	equired	
City & State		. City & State			6. Election Campaign Finance	ing 🗆	\$5.00	May Be	
23		28				Trust Fund Contribution	. Ų		to Fees.
Zip	Country	Zip	Con	intry		8. This corporation owes the	current year In	itangible	
24	25	29	30	,		Personal Property Tax.		☐ Yes	∏No
	9. Name and Address of Curr	rent Registered Agent		04		10. Name and Address of N	ew Registered	Agent	
TΔI	BOTT, GREGORY K			81 Nam	10		•		
	E BOCA RATON RD			82 Stree	et Address	s (P.O. Box Number is Not Acc	eptable)		
	CA RATON FL 33432			83		ام الله الله الله الله الله الله الله ال	oti turi gali taki ojis di azaladi 10 Millio 34	94 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	POTE EN
				03					
. (,			84 City		The Plane of the Paris	-	85 Zip	Code
.]							FL	<u>- </u>	
		500 1007 1500 51 11 5				41	4		
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu ite of Florida. Such change was a	ites, ine al authorize	bove-name by the co	ed corpora	ation submits this statement for s board of directors. I hereby a	the purpose or ccept the appo	f changing its intment as re	registered egistered
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	502 and 607.1508, Florida Statu te of Florida. Such change was a igations of, Section 607.0505, Flo	ites, ne al autiorize o da Stati	bove-name by the co tes.	ed corpora rporation's	ation submits this statement for s board of directors. I hereby a	the purpose of ccept the appo	f changing its intment as re	s registered egistered
11. Pursuant office or agent. I a		X	(,			the purpose of ccept the appo	f changing its intment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	:: Registered	,		nen reinstating)	19/55 DATE	••••••••••••••••••••••••••••••••••••••	
	Signature, typed or printed name of registered of OFFICERS	X	(Agent signatu		nen reinstating) ADDITIONS/CHANGES TO	19/55 DATE	••••••••••••••••••••••••••••••••••••••	
SIGNATURE	Signature, typed or printed name of registered of OFFICERS	agent and title if applicable. (95T) AND DIRECTORS	E: Registered	Agent signatu		nen reinstating)	19/55 DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered of OFFICERS PD TALBOTT, GREGORY K.	agent and title if applicable. (95T) AND DIRECTORS	13. 1.1 TIT 1.2 NA	Agent signatu	re required wh	nen reinstating) ADDITIONS/CHANGES TO	19/55 DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered of OFFICERS PD TALBOTT, GREGORY K. 111 E BOCA RATON RD	agent and title if applicable. (95T) AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	Agent signatu TLE NME REET ADDRES	re required wh	nen reinstating) ADDITIONS/CHANGES TO	19/55 DATE	ND DIRECTO	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered of PD TALBOTT, GREGORY K. 111 E BOCA RATON RD BOCA RATON FL	agent and title if applicable. (1907) AND DIRECTORS DEVETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TH 2.2 NA	Agent signatur TLE ME REET ADDRES TY-ST-ZIP TLE	re required wh	nen reinstating) ADDITIONS/CHANGES TO	19/55 DATE	ND DIRECTO ☐ Change	DRS IN 12
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SIGNATURE 12. 17. 17. 17. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS PD TALBOTT, GREGORY K. 111 E BOCA RATON RD BOCA RATON FL	agent and title if applicable. (907) AND DIRECTORS DEVETE DELETE DELETE	2.4 CI 3.1 TII 4.2 NA 3.3 ST 2.4 CI 3.1 TII 4.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA 4.3 ST 4.4 CI 4.4 CI	Agent signature. TLE WIE REET ADDRES TY-ST-ZIP TLE WIE REET ADDRES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE TREET ADDRES	re required wh	nen reinstating) ADDITIONS/CHANGES TO	19/55 DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
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of qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information we and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ress, with all other like empowered. 14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is the officer or director of the corporation or the receiver or trusted empo Block 12 or Block 13 if changed, or on an attachment with addret.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90015 044 ***158.75