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 # **V54679** **(8)**

1. Corporation Name

PEGGY L. MONTGOMERY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
790 ANDREWS AVE STE A201 DELRAY BCH FL 33483 US	790 ANDREWS AVE STE A201 DELRAY BCH FL 33483 US

2. Principal Place of Business	2a. Mailing Address
21 777 E Atlantic Ave	26 777 E Atlantic Ave
Suite, Apt. #, etc. 22 Z-120	Suite, Apt. #, etc. 27 Z-120
City & State 23 Delray Beach FL	City & State 28 Delray Beach FL
Zip / Country 24 33483 / 25 Palm Beach	Zip / Country 29 33483 / 30 Palm Beach

3. Date Incorporated or Qualified: 07/31/1992

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0355588 ☐ 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

9. Name and Address of Current Registered Agent

MONTGOMERY, PEGGY L.
790 ANDREWS AVE
STE A201
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2150 S Ocean Blvd # 4D

83

84 City: Delray Beach FL 85 Zip Code: 33483

11. Pursuant to the provisions of Section 607.0505 and 607.1505, 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: X DATE: X

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: MONTGOMERY, PEGGY L
STREET ADDRESS: 790 ANDREWS AVE, STE A201
CITY-ST-ZIP: DELRAY BCH FL

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☑ Change ☐ Addition
12 NAME
13 STREET ADDRESS: 2150 S Ocean Blvd # 4D
14 CITY-ST-ZIP: Delray Beach FL 33483

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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: x Peggy L Montgomery (407) 272-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Peggy L. Montgomery PRESIDENT

CR2E034 (12/95)