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

FILED Jan 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V69365 (7) PEGGY L. CARRY, P.A. Principal Place of Business Mailing Address 1515 N FEDERAL HWY 1515 N FEDERAL HWY STE 300 STE 300 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 10/07/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 65-0359904 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes ΠNo 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 CARRY, PEGGY L. 1515 N FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 82 **STE 300** В3 **BOCA RATON FL 33432** City 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 Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent argnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PST DELETE 1.1 TITLE Change Addition TITLE NAME CARRY, PEGGY L. 1.2 NAME 1515 N FEDERAL HWY, #300 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE NAME CARRY, PEGGY L. 2.2 NAME STREET ADDRESS 1515 N FED HWY STE 300 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 2.4 CITY-S1-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST- ZIP DELETE Change \_\_\_ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to eyecute 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 uttachment with an address.

rine exemption stated in Section 19.07(3)(i), Florida Statules. Flutiner certify that the information upile and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in