

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 15 AM 8:14

**DOCUMENT # V71304 (2)**

1. Corporation Name  
**HOLSTEIN AND PEACOS, P.A.**

Principal Place of Business	Mailing Address
800 CYPRESS CREEK RD W SUITE 550 FT LAUDERDALE FL 33309	800 CYPRESS CREEK RD W SUITE 550 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date Incorporated or Qualified <b>10/09/1992</b>	
Suite, Apt #, etc		3a. Date of Last Report <b>05/01/1994</b>	
22	27	4. FEI Number <b>65-0358232</b>	
City & State		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23	28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		6. Florida Language Translated <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	29	7. This corporation has liability for intangible tax under s. 199 (4)(c), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		8. This corporation has liability for intangible tax under s. 199 (4)(c), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	30		

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>HOLSTEIN, STEPHAN</b> <b>800 CYPRESS CREEK RD W</b> <b>SUITE 550</b> <b>FT LAUDERDALE FL 33309</b>				81	Name <b>DAVID PEACOS</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>800 WEST CYPRESS CREEK ROAD</b>		
				83	Suite # <b>SUITE #550</b>		
				84	City <b>FT. LAUDERDALE</b>	85	Zip Code <b>FL 33309</b>

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: 4/9/95

12. OFFICERS AND DIRECTORS		13. ALTERNATE REGISTERED AGENTS	
TITLE	<b>D</b>	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLSTEIN, STEPHAN</b>	1.2 NAME	<b>DAVID PEACOS</b>
STREET ADDRESS	<b>800 CYPRESS CREEK RD W</b>	1.3 STREET ADDRESS	<b>800 WEST CYPRESS CREEK ROAD</b>
CITY ST ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY ST ZIP	<b>FT. LAUDERDALE, FL 33309</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 110.07(3)(b), 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: **David Peacos** **President** 4/9/95 765-772-4410

CR2E034 (3/95)