SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



DOCUMENT #

1. Corporation Name HOLSTEIN, PEACOS & EGORT, P.A. FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

FILED Aug 05 1998 8:00am Secretary of State

a-1-21) - UJJ



800 CYPRESS CREEK RD W SUITE 550 FT LAUDERDALE FL \$3309			800 CYPRESS CREEK RD W Suite 550 Ft Lauderdale FL 33309				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
							10/09/1992		
2. Principal P	lace of Business	• • • • • • • • •	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0358232	Not Applicable		
Suite, Apt. #, etc.			Suite, Apl. #, etc.				5 Certificate of Status Desired \$8.	75 Additional e Required	
City & State			City & State				6. Election Campaign Financing\$5.	.00 May Be	
23			28					ded to Fees	
Zip		Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25		[29] 30				Personal Property Tax due June 30. Yes No		
		Address of Current	Registered Agent			<u>.</u>	10. Name and Address of New Registered Agent		
	ID PEACOS			81	Name				
	WEST CYPRES		82 Street Add		Street A	dress (P.O. Box Number is Not Acceptable)			
	E #550								
FT. L	lau de rdale f	L 33309			83				
					84	City	FL ⁸⁵	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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ATTENTIATION ACCEPTATION OF ACC									
12.	Digrietare, types or print	OFFICERS AN		13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	900.9	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	P		DELETE	1.1 TI	TLE		Cha	nge Addition	
NAME	DAVID PEACO)S		1.2 N	AME	ļ		,	
STREET ADDRESS	800 WEST CY	OAD	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	FT. LAUDERD	ALE FL		1.4 CI	TY-ST	-ZIP			
TITLE			DELETE	2.1 TI	TLE		Cha	nge Addition	
NAME				2.2 N	AME				
STREET ADDRESS				2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			2.4.0		2.4 CITY-ST-ZIP				
TITLE			DELETE	DELETE 3.1 TIT			Cha	nge Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP				3.4 CI	TY-ST	-ZIP			
TITLE			DELETE	4.1 Ti	TLE		Cha	nge Addition	
NAME				4.2 N	AME				
STREET ADORESS				4.3 \$1	REET	ADDRESS			
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP			
TITLE			DELETE	5.1 Ti	TLE		Chai	nge 🔲 Addition	
NAME				5.2 N	AME				
STREET ADDRESS				5.3 \$1	REET	ADDRESS		1	
CITY-ST-ZIP				5.4 CI	TY-ST	ZIP			
TITLE			DELETE	6.1 TI	TLE		☐ Chai	nge Addition	
NAME				6.2 N	AME				
STREET ADDRESS				6.3 51	REET	ADDRESS			
CITY-ST-ZIP					TY-ST				
14. I hereby certify that the information supplied with this filing 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.									