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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 327944**

1. Corporation Name

PIERSON INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				•	
13715 NW 22NI OPA-LOCKA FL		13715 NW 22ND AVENUE OPA-LOCKA FL 33054				DO NOT WRITE IN THIS S	PACE	
			-			3. Date Incorporated or Qualifed 03/25/1968		·
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						59-1399787		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & State City & State 28			State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intan	ıgible	
24	25	29	30			Personal Property Tax.	Yes_	□No
	9. Name and Address of Currer					10. Name and Address of New Registered Ag	gent	
	· · · · · · · · · · · · · · · · · · ·			81	Name			ļ
WEINTRAUB,ALBERT L				00	Chro-A Addro	ess (P.O. Box Number is Not Acceptable)		
21 NE FIRST AVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33131			83				
				84	City	FL	85 Zi	p Code
				Щ		pration submits this statement for the purpose of cl	honging.	ite registered
office or r	egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida, Such change was a tions of, Section 607.0505, Flo	orida Stat	utes.	ne corporation	it's board of directors. Thereby accept the appoint	ment as	registered
	Signature, typed or printed name of registered age			Agent	signature required		Dinco:	TODO IN 12
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND	Chang	
TITLE	VD	☐ DELETE	1,1 TI		.  -		Chang	e Dyadidon
NAME	PEIRSON, MALCOLM		1.2 N	AME				
STREET ADDRESS	13105 CAIRO LANE		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	OPA LOCKA, FL 00000		1.4 CI	TY-ST	-ZIP			
TITLE	PD	☐ DĒLETĒ	2.1 TI	TLE	,		☐ Chang	je
NAME	PIERSON, RONALD E		2.2 N	AME	ì			ţ
STREET ADDRESS	1145 BELLEMEADE DR		2.3 8	TREET	ADDRESS			
CITY-ST-ZIP	MAIMI, FL 00000		2.40	ITY-ST	1 '			
TITLE	SD	. DELETE.	. 3.1 TI	TLE.			☐ Chang	e
NAME	WEINTRAUB, ALBERT L		3.2 N	AME				
STREET ADDRESS	21 NE 1ST AVE 13TH FL		3.3 S	TREET.	ADDRESS			
	MIAMI, FL 00000			TY-ST				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		<del>,</del> _		☐ Chang	je Addition
NAME	}	:=-	4. 2 N					
STREET ADDRESS			4.3 S	TREET	ADDRESS			
				TY-ST				i
CITY-ST-ZIP		☐ DELETE	5.1 TI				Chang	e Addition
	. A		5.2 N				•	İ
NAME			5.3 S	TREET	ADDRESS			
STREET ADDRESS				ITY-ST	i			
CITY-ST-ZIP	<del></del>	□ D€LETE	6.1 T		<del></del>		Chang	ge Addition
DHF								

6.2 NAME

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90117 050 \*\*\*150.00