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Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 383427 (2)
1. Corporation Name
PIERSON ENTERPRISES, INC.



Principal Place of Business
3789 N.W. 25TH STREET
MIAMI FL 33142

Mailing Address
3789 N.W. 25TH STREET
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1351547	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

PIERSON, GRANNIS C.
131 NW 207TH AV
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	PIERSON, GRANNIS H	1.2 NAME	CINDY L. JOYNER
STREET ADDRESS	601 WREN AVE	1.3 STREET ADDRESS	4323 YOUNG ST.
CITY-ST-ZIP	MIAMI SPRGS FL	1.4 CITY-ST-ZIP	PASADENA, TX 77504
TITLE	STD	2.1 TITLE	
NAME	PIERSON, GLORIA A	2.2 NAME	
STREET ADDRESS	601 WREN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	PIERSON, GRANNIS C	3.2 NAME	
STREET ADDRESS	131 NW 207TH AV	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	PIERSON, ERIC A	4.2 NAME	
STREET ADDRESS	1341 SW 85 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PIERSON, LAURIE A.	5.2 NAME	
STREET ADDRESS	6840 STEEPLECHASE DR., NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LETIZIA, KARIN, M	6.2 NAME	
STREET ADDRESS	4330 NW 116TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Handwritten Signature]* 3-3-98 (25) 125 3018

CR2E034 (10/97)