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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

PETE DYE, INC.

3247 POLO [ce of Business DRIVE ICH FL 33483	Mailing Address 3247 POLO DRIVE DELRAY BEACH FL 334	83	DO NOT WRITE IN THIS	
				3. Date Incorporated or Qualified	
				01/30/1973	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		35-1295829	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	The state of the s	☐ Yes ☐ No
	g. Name and Address	of Current Registered Agent		10. Name and Address of New Registered	Agent
	/e jr,paul		81 Name		
3247 POLO DRIVE DELRAY BEACH FL 33483			82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
			83		·
!			84 City	FL	85 Zip Code
		200 At an 100 Table 100 Ta		prporation submits this statement for the purpose of	
i off⊩ce or ⊩	registered agent, or both, in am familiar with, and accept	The State of Florida. Such change was the obligations of, Section 607 0505, F	authorized by the corpor	ration's board of directors. I hereby accept the app	pointment as registered
12.		CERS AND DIHECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DEVETE	1.1 TITLE		Change Addition
NAME	DYE JR,PAUL		1.2 NAME		
STREET ADDRESS	3247 POLO DRIVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL		1.4 CiTY-ST-ZiP		
TITLE	S	DELETE	2 1 TITLE		Change Addition
NAME	DARSCH, DIANE B.		2.2 NAME		
STREET ADDRESS	3247 POLO DRIVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME	1		32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	1	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1				
1			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T week	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
		DELETE	4.3 STREET ADDRESS		Change Addition

14. Thereby 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 on 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

TITLE

KAME

DELETE

Februar 2 1998 1-561-276-9728

Change

■ Addition

FILED

Feb 10 1998 8:00am

Secretary of State

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