## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996	No. 11	DIVISION OF	CORPORATIONS			
DOCUMENT  1, Corporation Name	# 41917	1 (4)				
PITMAN COMF	PANY			) 18 0 to 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n 1160 Bisia Sibir Addi Addi	#1#11 #1#11 # <b>#</b> #
Principal Place of Busines	ss	Mailing Address				
8650 SW 132 ST MIAMI FL 33156-6507		8650 SW 132 STREET MIAMI FL 33156				
US US		U\$		3. Date Incorporated or Qualified	3a. Date of Last Re	enort .
				02/16/1973	03/23/199	
2. Principal Place of Busi	ness	2a. Mailing Address		4, FEI Number	<b>├</b> }-	Applied For
1]		26		59-1795630		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.00	0 May Be
3		28		Trust Fund Contribution	LJ Added	d to Fees
- Ζφ - 1	Country	Zip	Country	<ol> <li>8. This corporation has liability for Florida Statutes ☐ Yes</li> </ol>	intangible tax under s No	199.032,
4 Nam	25 e and Address of Curren	29 29 Agent	30	10. Name and Address of New F		
3			81 Name			
WERNER, MICHA	ÆL L.		62 Street Add	fress (P.O. Box Number is Not Acceptab	ole)	
8650 SW 132 ST						
MIAMI FL 33156			83			
			84 City		FL 85 24	p Code
dd fa caela tae	Since of Continue 607 0500	2 and 607 1609 Florida Statute	es the above parced corre	oration submits this statement for the pur	mose of changing its r	registered office
or registered agent a	or both, in the State of Florid	da. Such change was authorize tion 607,0505, Florida Statutes	ed by the corporation's bo-	ard of directors. I hereby accept the app	ointment as registered	Lägent. Lam
	cept the obligations of, Sect	tion 607,0005, Fiolida Statutes				
SIGNATURE Signature, type	ed or printed name of registered agent		TE: Registered Agent signature requir		DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTO Change	DRS IN 12 Addition
TITLE V	A LOWELL U	DELETE	1. 1 TIFLE 1.2 NAME		☐ Gradge	L.J Addition
	A, LOWELL H SW 132 ST		13 STREET ADDRESS			
STREET ADDRESS 8650 CHY-S1-ZIP MIAM	-		14 CITY-ST-ZIP			
TITLE P		DELETE	2 1 TITLE		Change:	☐ Addition
	NER, MICHAEL L	_	2.2 NAME			
	SW 132 ST		2 3 STREET ADORESS			
CITY-S1-ZIP MIAM	I FL		2 4 CITY - ST - ZIP			
THLF		☐ DELETE	3 1 TITLE		Change	☐ Addition
MAMI			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-SE ZIP		DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		Change:	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5. 1 TOLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ACORESS			5 3 STREET ADDRESS			
CHY-ST-ZIP		f incicic	5 4 CHTY - ST - 7IP		Change	☐ Addition
III_F		DELETE	6 1 TITLE		[_] snange	L Modicion
NAME CHICLI APPRIESS			6.2 NAME : 6.3 STREET ADDRESS			
STREET ADORESS			64 CITY-ST-ZIP			
OHY-SI-ZIP 14. I do hereby certify th	nat the information supplied	with this filing is voluntarily furn	nished and does not qualify	for the exemption stated in Section 119	).07(3)(k), Florida Statu	ites. I further

roo nereby certify mat the information supplies with this hing is voluntary further and does not quality for the exemption stated an Section 119.076[kg, Florida Statutes, Turner 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 cath, 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-76 305 256 9558