

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P06744 (7)**

1. Corporation Name  
**PMA CONSULTANTS, INC.**



Principal Place of Business: **226 WEST LIBERTY SUITE 100 ANN ARBOR MI 48104**  
Mailing Address: **226 WEST LIBERTY SUITE 100 ANN ARBOR MI 48104**

3. Date Incorporated or Qualified: **07/16/1985**  
3a. Date of Last Report: **02/27/1995**  
4. FEI Number: **38-2317414**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VANDERJAGT, KENNETH A.  
5955 TG LEE BLVD  
STE 270  
ORLANDO FL 32822**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **5850 TG Lee Blvd.**  
83. **Ste 260**  
84. **Orlando, FL 85 Zip Code 32822**

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 607.0506, Florida Statutes.

SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | <b>PST</b>                | <input type="checkbox"/> DELETE |
| NAME            | <b>PONCE DE LEON GUI</b>  |                                 |
| STREET ADDRESS  | <b>3345 DALEVIEW</b>      |                                 |
| CITY - ST - ZIP | <b>ANN ARBOR MI</b>       |                                 |
| TITLE           | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>PONCE DE LEON, GUI</b> |                                 |
| STREET ADDRESS  | <b>3345 DALEVIEW</b>      |                                 |
| CITY - ST - ZIP | <b>ANN ARBOR MI</b>       |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |   |
|---------------------|---|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |   |
| 3. STREET ADDRESS   |   |
| 4. CITY - ST - ZIP  |   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             |   |
| 7. STREET ADDRESS   |   |
| 8. CITY - ST - ZIP  |   |
| 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME            |   |
| 11. STREET ADDRESS  |   |
| 12. CITY - ST - ZIP |   |
| 13. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME            |   |
| 15. STREET ADDRESS  |   |
| 16. CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Wm de Leon* **Gui Ponce de Leon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/96**

**313 769-0530**

CR2E034 (12/95)