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* PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90028 029 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P930000333334

PIONEER PARTNERS CORP.

| Principal Place | of Business | Mailing Address | | | - I (88)(89) (18 (8)(8 (1)(1) 56(3) 88(1)] | 48111 44195 PINS 11149 PIN | |
|---|---|---|---|--|---|--------------------------------|---|
| 20576 LINKSVIEW CIRCLE | | 20576 LINKSVIEW CIRCLE | | | | | |
| BOCA RATON FL 33434 | | BOCA RATON FL 33434 | | DO NOT WRITE | E IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | E IN THIS SPACE | |
| | | | | | 05/05/1993 | | Ì |
| | | To Matthew Address | | | 4, FEI Number | | applied For |
| - ' | ace of Business | 2a. Mailing Address | | | 03-1370137 | <u> </u> | lot Applicable |
| 21 | w | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| Suite, Apt. # | #, etc. | 27 | | | 5. Certificate of Status Desired | 1 1 | Required |
| City & State | | City & State | | | 6. Election Campaign Financing | <u> </u> | May Be |
| - , ' | • | 28 | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the curre | nt year Intangible | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | Yes | □No |
| 24 | 9. Name and Address of Current | | | | 10. Name and Address of New Re | egistered Agent | |
| | | - 2. | 81 | Name | | | |
| | MAN, ROBERT A | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptat | ole) | · · · · · · · |
| | 6 LINKSVIEW CIRCLE | | | | | ni togu park, nize (1961) | ********** |
| BOC | A RATON FL 33434 | | 83 | , | 20. 小说话,不是精神的特殊的 | | |
| | | | 84 | City | 大型 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | [85] Zir | Code |
| | | | } | - | oration submits this statement for the part of directors. I hereby accent | FL ` | |
| | m familiar with, and accept the obligat | | | | n's board of directors. I hereby accept | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | gistered Agen | | when reinstating) ,, ADDITIONS/CHANGES TO OFF | DATE | |
| SIGNATURE | Signature, typed or printed name of registered agen OFFICERS AN | | | | ADDITIONS/CHANGES TO OFF | | FORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agen OFFICERS AN | nt and title if applicable. (NOTE: Reg | gistered Agen | | | ICERS AND DIRECT | FORS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agen OFFICERS AN PD LERMAN, ROBERT A | nt and title if applicable. (NOTE: Reg | 13. 1.1 TITLE 1.2 NAME | nt signature required | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECT | FORS IN 12 |
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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 suppliemental 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 copyer or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed rer on an

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)