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

PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90074 006 ***150.00

DOCUMENT # P9400007390

1. Corporation Name

PENDA CORPORATION

Principal Place of Business	Principal	Place	of	Business
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Mailing Address



2655 S. BAYSHORE DR. 2655 S. BAYSHORE DR. SUITE 800 SUITE 800 MIAMI FL 33133 MIAMI FL 33133				SPACE				
				3. Date incorporated or Qualifed				
•				01/31/1994				
2. Principal Place of Business,	2a. Mailing Address			4. FEI Number		Applied For		
21 2344 W. Wiscon	ملعانها عطوا			65-0463658		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22	City & State	City & State			\$5.00 May Be Added to Fees			
Zip Country 24 33/89 25		untry	مهرد معر	8. This corporation owes the current year Int. Personal Property Tax.	T yes	□No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
		81	Name					
KLEIN, PETER W 2665 S BAYSHORE DR SUITE 800		82 Street Address (P.O. Box Number is Not Acceptable)						
		83						
MIAMI FL 33133		84	84 City FL 85 Zip Code					
11 Pursuant to the provisions of Sections	607 0502 and 607 1508. Florida Statutes, the	above	e-named corpor	ration submits this statement for the purpose of	changing	its registered		

runsiant to the provisions of Sections of Journal of the profession of the professio

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Clearties broad or printed name of registered agent and title if applicable	(NOTE: Rec	ristered Agent signature	equired when reinstating)	DATE		——
OFFICERS AND DIRECTORS		13.		S TO OFFICERS A	ND DIRECTOR	مر S IN 12
n W	ELETE	1.1 TITLE	<u> </u>	- /	☐ Change	Addition
		1.2 NAME				,
		1.3 STREET ADDRESS	Brionson Party	0 S.A. SU	ite 119	/
		1.4 CITY-ST-ZIP	207 chicago, I	2000		
S	ELETE	2.1 TITLE	OFO		Change	Addition
KLEIN, PETER W.		2.2 NAME		ER	r .	
		2.3 STREET ADDRESS	2344 W. Wise	حالم الحالم هي	<i>37</i> .	
MIAMI FL		2. 4 CITY-ST-ZIP	PORTAGE, L) <u>Z</u>		
DCP	ELETE	3.1 TITLE	AS A	1, ,,,,,,,,,	[_] Change	4 Addition
THOMPSON, JACK L		3.2 NAME	-MARIYN D	RUPPA		
2344 W WISONSIN STREET		3.3 STREET ADDRESS	26654 5 6	SHELSING -	. •	1
PORTAGE WI 33183		3.4. CITY-ST-ZIP	Mani FL	4 - 4 4 2	4000	Theresis
D G	DELETE	4.1 TITLE	VP-SALES	+ MAK	Change	Addition
GEORGE, PHILLIP T MD		4.2 NAME	Jefrey G.	RASTOC	AN	
2665 S. BARSHORE DR. STE. 800		4.3 STREET ADDRESS	2344 W. W.	ن د د کارن	24.	
MIAMI FL 33183		4.4 CITY-ST-ZIP	PORTAGE, W	<u> </u>	C 01	
D (DELETE				Change	☐ Addition
SMITH, THOMAS J						
4365 STEINER STREET		5.3 STREET ADDRESS				
ST BONIFACIUS MN 55356		5.4 CITY-ST-ZIP				
D	DELETÉ	1			∟ Change	☐ Addition
POWELL, EARL W						
2665 S. BARSHORE DR. STE. 800		6.3 STREET ADDRESS			,	
MIAMI FL 33183		6.4 CITY-ST-ZIP	1 10 0 - 41 - 440 07(0)(1) 51	<u> </u>	utifu that the inf	iarmatian
	D IDA BLANK, ROBERT D 209 S. LASALLE-12 FLOOR CHICAGO IL 60604-1295 S	D IDELETE BLANK, ROBERT D 209 S. LASALLE-12 FLOOR CHICAGO IL 60604-1295 S DELETE KLEIN, PETER W. 2665 S BAYSHORE DR 8TH FLOOR MIAMI FL DCP THOMPSON, JACK L 2344 W WISONSIN STREET PORTAGE WI 33183 D DELETE GEORGE, PHILLIP T MD 2665 S. BARSHORE DR. STE. 800 MIAMI FL 33183 D DELETE SMITH, THOMAS J 4365 STEINER STREET ST BONIFACIUS MN 55356 D DELETE POWELL, EARL W 2665 S. BARSHORE DR. STE. 800	D IDELETE 1.1 TITLE BLANK, ROBERT D 1.2 NAME 209 S. LASALLE-12 FLOOR 1.3 STREET ADDRESS CHICAGO IL 60604-1295 1.4 CITY-ST-ZIP KLEIN, PETER W. 22 NAME 2665 S BAYSHORE DR 8TH FLOOR 2.3 STREET ADDRESS MIAMI FL 23183 2.4 CITY-ST-ZIP DCP DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS MIAMI FL 33183 4.4 CITY-ST-ZIP SMITH, THOMAS J 4.5 STEINER STREET SMITH, THOMAS J 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS STEINER STREET ST BONIFACIUS MN 55356 D DELETE POWELL, EARL W 2665 S. BARSHORE DR. STE. 800 MIAMI FL 33183 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS MIAMI FL 33183 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS MIAMI FL 33183 6.4 CITY-ST-ZIP	D DELETE 1.1 TITLE DAVID S. DAVID	OFFICERS AND DIRECTORS D	OFFICERS AND DIRECTORS D

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 informati 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, with all other like empowered.

SIGNATURE: