

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

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FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S01327** (3)  
 1. Corporation Name  
**PENSACOLA INVESTMENTS, INC.**



Principal Place of Business <b>7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016</b>	Mailing Address <b>7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897</b>
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3. Date Incorporated or Qualified <b>09/18/1990</b>	3a. Date of Last Report <b>04/25/1996</b>
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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
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4. FEI Number <b>65-0220464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BRAFMAN, HOWARD J.  
 7900 MIAMI LAKES DRIVE WEST  
 MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES FL 33016	<input type="checkbox"/> DELETE	
NAME	DCP KISLAK, JAY I. 7900 MIAMI LKS DR. W. MIAMI LAKES FL 33016	<input type="checkbox"/> DELETE	
STREET ADDRESS	VCFO GROSS, JAMES P 7900 MIAMI LAKES DR W MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> DELETE	
CITY-ST-ZIP	T FLEISCHMAN, DAVID H 7900 MIAMI LAKES DR W MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> DELETE	
	VPAS FENELLO, CAROL A 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016	<input type="checkbox"/> DELETE	
	C OTTO, DEBRA C 7900 MIAMI LAKES DR W MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PLEASE SEE EXHIBIT "A" ATTACHED</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HOWARD J. BRAFMAN, VICE PRESIDENT**  
 Date: **4/16 /97** (305) 364-4213  
 Daytime Phone #  
 0124038

CF2E034 (9/96)

EXHIBIT "A"

BOARD OF DIRECTORS AND OFFICERS

OF

PENSACOLA INVESTMENTS, INC.

NAME

JAY I. KISLAK

HOWARD J. BRAFMAN

THOMAS BARTELMO

CAROL A. FENELLO

TITLE

DIRECTOR & PRESIDENT

DIRECTOR, VICE PRESIDENT &  
SECRETARY

VICE PRESIDENT & TREASURER

VICE PRESIDENT &  
ASSISTANT SECRETARY

ADDRESS

7900 MIAMI LAKES DR. W.  
MIAMI LAKES, FL 33016

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MIAMI LAKES, FL 33016

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