FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90092 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S01327**

1. Corporation Name

PENSACOLA INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address			(Section III and 11988 core can can along		1411 91911 1447
7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WE							
MIAMI LAKES FL 33016 MIAMI LAKES FL 33016					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/18/1990		
2. Principal P	2a. Mailing Address	ddress		4. FEI Number	Ap	plied For	
21	•	26			65-0220464		t Applicable .
Suite, Apt. #, etc.		Suite, Apt. #, etc.		=	5. Certificate of Status Desired		
City & Stat	e ·	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	o Fees
Zip 24	Country 25	Zip 30	_ `		8. This corporation owes the current year Intangible Files under Personal Property Tax 22-1037750 Yes		
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Registered	Agent	
	PARAM HOWARD I		81	Name			1
Brafman, Howard J. 7900 Miami Lakes Drive West			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAMI LAKES FL 33016			83				
		,					
			84	City	· FL	85 Zip (Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	ot Florida. Such change was author	ızea ov	the compora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its intment as re	registered gistered
SIGNATORE	Signature, typed or printed name of registered ager			nt signature requ	ired when reinstating) DATE		
12.		ICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO Change	RS IN 12 Addition
TITLE	DSVP	☐ DELETE 1.1 TF				☐ Change	
NAME	BRAFMAN, HOWARD J.	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS	ANALI ANGO EL COCAC			TADDRESS	•		Ì
CITY-ST-ZIP	DCP			T-ZIP		Change	Addition
TITLE	KISLAK, JAY I.	_	2.1 TITLE 2.2 NAME				_
NAME CERTARRES	ZOOO AHAMILING DO IN			T ADDRESS			
STREET ADDRESS	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2. 4 CITY - S	ŀ	And the second second		
TITLE	4		3.1 TITLE		W	☐ Change	☐ Addition
NAME	BARTELMO, THOMAS	LMO. THOMAS 32N		1			
STREET ADDRESS	7000 MIANULANTO DO MECT	;	3.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL		3.4. CITY+5	ST-ZIP			
TITLE	VPAS	☐ DELETE 4.1 TI				Change	☐ Addition
NAME	FENELLO, CAROL A	<u> </u>	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016		4.4 CITY-S	T-ZIP		Change	Addition
TITLE			5.1 TITLE 5.2 NAME			☐ Change	☐ Addition
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		1.000	6.1 TITLE			Change	Addition
TITLE			5.2 NAME			·g-	
NAME		'					!

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

April 14, 1999