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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L28972

(2)

1. Corporation Name

PIONEER SCREEN COMPANY, INC. II

Principal Place of Business

1682 SW BILTMORE STREET
PORT ST. LUCIE FL 34953

Mailing Address

1682 SW BILTMORE STREET
PORT ST. LUCIE FL 34984-3414

3. Date Incorporated or Qualified

11/09/1989

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, MICHAEL J.
1850 SW SUCCESS STREET
PT. ST. LUCIE FL 34953

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PO
NEWMAN, MICHAEL J
1850 SW SUCCESS STREET
PT. ST. LUCIE FL 34953

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VPO
RICE, CRAIG
3121 SE WAALER ST.
STUART FL 34997

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

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CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

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:

Michael J Newman
Michael J Newman

4-3-97 561-340-4393

Date

Daytime Phone

0474872

CR2E034 (9/96)