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Jan 22 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 # 235008

(0)

1. Corporation Name

PIFCAF HOLDINGS, INC.

Principal Place of Business

521 S. PENNSYLVANIA
P O BOX 3451
WINTER PARK FL 32780

Mailing Address

521 S. PENNSYLVANIA
P O BOX 3451
WINTER PARK FL 32780-3451

2. Principal Place of Business

21 318 MITNIK DR

Suite, Apt. #, etc.

22 City & State

23 Deltona FL

24 Zip 32760

Country

2a. Mailing Address

26 P.O. Box 327

Suite, Apt. #, etc.

27 City & State

28 OSTEEN, FL

29 Zip 32764-0327

Country

9. Name and Address of Current Registered Agent

MORRIS, CHARLES
521 S. PENNSYLVANIA
WINTER PARK FL 32780

3. Date Incorporated or Qualified

04/01/1960

3a. Date of Last Report

02/27/1996

4. FEI Number

59-0902137

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 607.1508, 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 type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MORRIS, CHARLES R
STREET ADDRESS 521 S PENNSYLVANIA
CITY - ST - ZIP WINTER PARK, FL 00000

TITLE V ☐ DELETE

NAME MORRIS, GLADENE L
STREET ADDRESS 521 S PENNSYLVANIA
CITY - ST - ZIP WINTER PARK, FL 00000

TITLE DS ☐ DELETE

NAME MORRIS, GLADENE L
STREET ADDRESS 521 S PENNSYLVANIA
CITY - ST - ZIP WINTER PARK, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE TREASURER ☒ Change ☒ Addition

12 NAME 318 MITNIK DRIVE
13 STREET ADDRESS P.O. Box 327
14 CITY - ST - ZIP OSTEEN FL 32764-0327

21 TITLE ☒ Change ☐ Addition

22 NAME 318 MITNIK DR
23 STREET ADDRESS P.O. Box 327
24 CITY - ST - ZIP OSTEEN FL 32764-0327

31 TITLE ☒ Change ☐ Addition

32 NAME 318 MITNIK DRIVE
33 STREET ADDRESS P.O. Box 327
34 CITY - ST - ZIP OSTEEN FL 32764-0327

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 or changed or on an attachment with an address.

SIGNATURE:

Gladene Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS

1/13/97 407 321 8732

Date Daytime Phone #

CR2E034 (9/96)