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FILED  
Feb 18 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 # 283494 (3)

1. Corporation Name  
PMI, INC.

Principal Place of Business

3611 N W 74TH ST  
MIAMI FL 33147

Mailing Address

3611 N W 74TH ST  
MIAMI FL 33147-5827

3. Date Incorporated or Qualified  
07/21/1964

3a. Date of Last Report  
02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
65-0051196

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

9. Name and Address of Current Registered Agent

HEGAMYER, WILLIAM H  
511 N. MASHTA DRIVE  
KEY BISCAYNE FL

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE  
NAME HEGAMYER, W H  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY - ST - ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE  
NAME HEGAMYER, L K  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY - ST - ZIP KEY BISCAYNE FL 33149

TITLE T ☐ DELETE  
NAME ROBINSON, CHARLES V  
STREET ADDRESS 1550 NE 123 ST, N-307  
CITY - ST - ZIP N MIAMI FL 33161

TITLE SD ☐ DELETE  
NAME HEGAMYER, K L  
STREET ADDRESS 281 GREENWOOD DR  
CITY - ST - ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE  
NAME MARTY, D C  
STREET ADDRESS 7845 SW 67TH TERRACE  
CITY - ST - ZIP MIAMI FL

TITLE VD ☐ DELETE  
NAME HINCKLEY, H D  
STREET ADDRESS 6065 ROLLING RD DR  
CITY - ST - ZIP MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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

Kathy Hegamyer Kathy Hegamyer

1/15/97 305-676-0830

CR2E034 (9/96)