

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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6501 NW 37th Ave. Suite, Apt. #, etc. 22 City & State 23 Miami, Fl Zip 24 33147		2a. Mailing Address 26 6501 NW 37th Ave. Suite, Apt. #, etc. 27 City & State 28 Miami, Fl Zip 29 33147		3. Date Incorporated or Qualified 07/21/1964	
Country 25 USA		Country 30 USA		4. FEI Number 65-0051196 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGAMYER, W H	1.2 NAME	
STREET ADDRESS	511 N. MASHTA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGAMYER, L K	2.2 NAME	
STREET ADDRESS	511 N. MASHTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CHARLES V	3.2 NAME	
STREET ADDRESS	1550 NE 123 ST, N-307	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGAMYER, K L	4.2 NAME	
STREET ADDRESS	261 GREENWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTY, D C	5.2 NAME	
STREET ADDRESS	7845 SW 87TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	33143
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINCKLEY, H D	6.2 NAME	
STREET ADDRESS	6065 ROLLING RD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **Kathy Hegamyer** 2/18/98 305-696-0830

CR2E034 (10/97)