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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

331177

(6)

PENSION RESEARCH & DESIGN, INC. Principal Place of Business Mailing Address 569 BAYVIEW DRIVE 569 BAYVIEW DRIVE								
BELLEAIR FI	L 34616	BELLEAIR FL 34616			3. Date Incorporated or Qualific	ed 3a. Da	te of Last F	Report
					06/12/1968		03/03/19	
1	ace of Business	2a. Mailing Address			4. FEI Number	·········	L	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-1214613			Not Applicable
2		27			5. Certificate of Status Desired		* • • • •	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	⁹ 🗅		May Be
Zφ	Country	Zip	Gountry		8. This corporation has liability		tax under s	199.032,
4	25	29	30			Yes No		
-	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of Ne	w Hegistered	Agent	<u> </u>
MULOC	KUMUC							
MULOCK,DAVID G 735 BRIGHT WATERS BLVD.			82	Street Addre	ess (P.O. Box Number is Not Accep	ptable)		
	ERSBURG FL 33704		83					
• • • • • •			0.4	C4 .			Jan S	
			84	City		FI	_ 6 5 Zi	p Code
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tamiliar wit S:GNATURE	Separature: typical or pointed name of registered agent	if and lifts if applicable. (N	S. OTE: Registered Agent s		when re-hstating)	DATE	D DID5010	
tamiliar wit S:GNATURE 12.	Styruture: Spied or printed name of registered agen OFFICERS AN	of and title, if any licable. (N ID DIRECTORS	S. OTE Registered Agent s			DATE		· <u></u>
tamiliar wit S:GNATURE 2.	Separature: typical or pointed name of registered agent	if and lifts if applicable. (N	S. OTE: Registered Agent s		when re-hstating)	DATE	D DIRECTO	DRS IN 12
tamiliar wit Signature 12. Pur IAME	Separative speed or protest name of registered agen OFFICERS AN	of and title, if any licable. (N ID DIRECTORS	S. OTE Registered Agent s 13. 1 1 TITLE	signature required	when re-hstating)	DATE		·
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tamiliar val S:GNATURE 12. IPUF NAME SHREET ADDRESS DEY S: ZP	Separative speed or protest name of registered agent OFFICERS AN PD MULOCK, JOHN G 569 BAYVIEW DR. BELLEAIR FL 34616 D	of and title, if any licable. (N ID DIRECTORS	S. OTE Registered Agent s 13. 1 1 TITLE 12 NAME 13 STREET AG	signature requirad	when re-hstating)	DATE		· <u></u>
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SIGNATURE:

Graffy that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shell have the same legal effect as if made under oath; fixed 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

GNATURE:

| GNATURE: | 1996 | 813 | 581 | 534 |
| Stephatography types on Printed Name of Signing Officer on Directors