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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 331177

(6)

PENSION RESEARCH & DESIGN, INC.

FILED Jan 27 1997 8:00am Secretary of State



Principal Pla 569 BAYVIEW BELLEAIR FL	# · · · · • =	569 BAYVIEV	Mailing Address 569 BAYVIEW DRIVE BELLEAIR FL 34616-1411			7 129-00 1100 1100 1100 1100 1100 1100 1100			
						3. Date Incorporated or Qualified 06/12/1968	3a. Date o		Report
2. Principa:	Place of Business	2a, Mailing	Address			4. FEI Number	.— <del>1 </del>	A	pplied For
21		26				59-1214613			ot Applicable
Suite, Ap <b>22</b>	it.#, etc	Suite, Ap	pt #, etc.			5. Certificate of Status Desired	□ <b>\$</b>		Additional equired
City & St	ate	City & S	late			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Countr	У	8. This corporation has liability for			. 199.032,
24	25	29		30			Yes 🗶 N		
	9. Name and Address of Curre	ent Registered Ag	ent	8	Name	10. Name and Address of New R	egistered Age	nt	
	JLOCK,DAVID G	<u>.</u>		*	Name				
	5 BRIGHT WATERS BLVD. N.F	•		8	2 Stree	t Address (P.O. Box Number is Not Accepte	ble)		
ŞI	: PETERSBURG FL 33704			8:	3		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		····
					1			<u> </u>	
				84	City		FL  8	<b>5</b> Zip	Code
12. TITLE NAME	OFFICERS A PD MULOCK, JOHN G	ND DIRECTORS	DETELE	13. 1.1 TITLE 1.2 NAME		re-required when reinstating)  ADDITIONS/CHANGES TO OFF		RECTO! Change	RS IN 12
STREET ADDRES	CAA DALGERIA DD			1	T ADDRESS				
CITY-ST-ZIP TITLE	DECLEMENTE 04010	<u>-</u>	OELETE	1.4 CITY - 2.1 TITLE		<u>-</u>		Change	☐ Addilio
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017×+51+7/2	NEW YORK NY 10025			2. 4 CHY	-ST-ZIP				
THUE	SD		DELETE	3,1 TITLE				Change	Addition
NAM!	MULOCK,DAVID G	N.=		3.2 NAMI		1			
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CITY+ST ZIP				6.4 CITY		·			
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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 January and that my name

SIGNATURE:

SIGNATURE AND TYPED OR ORINTED NAME OF SIGNING OFFICER OR DIRECTOR

113/97

8 13 / S81-5344 Daytime Phone #