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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 331177 (6)

PENSION RESEARCH & DESIGN, INC.

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 569 BAYVIEW DRIVE 569 BAYVIEW DRIVE BELLEAIR FL 34618 BELLEAIR FL 34616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <del>3375</del>6 3<del>375</del>6 21 26 59-1214613 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country This corporation owes or has paid the current year Intangible 33756 33756 Yes 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MULOCK.DAVID G 735 BRIGHT WATERS BLVD N.E. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33704 83 84 City Zip Code 85 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ΡŊ TITLE 1.1 TITLE Change Addition MULOCK JOHN G NAME 1.2 NAME 569 BAYVIEW DR. STREET ADDRESS 1.3 STREET ADDRESS BELLEAIR FL 34648-CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE TITLE NAME MULOCK, ROGER 2.2 NAME STREET ADDRESS **265 W. 93RD STREET** 2.3 STREET ADDRESS NEW YORK NY 10025 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MULOCK, DAVID G NAME 3.2 NAME 735 BRIGHT WATERS BLVD. N.E. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL *3*3.704 CITY - ST- ZIP 3.4. CITY-\$T-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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:

**HGNATURE RE**