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Apr 30 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 # 365570

(1)

1. Corporation Name

PENSION MASTER OF FLORIDA, INC.

Principal Place of Business

2841 HOLLYWOOD BLVD
SUITE 407
HOLLYWOOD FL 33020
US

Mailing Address

2841 HOLLYWOOD BLVD
SUITE 407
HOLLYWOOD FL 33020-4226
US



3. Date Incorporated or Qualified

06/15/1970

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 2841 Hollywood Blvd.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 N/A no suite #
City & State

27 N/A no suite #
City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

59-1301050

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

HOREVITZ, MARK
2841 HOLLYWOOD BLVD
SUITE 407
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 no suite # N/A

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

N/A

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 CD
NAME ANKNER, RAYMOND
STREET ADDRESS 180 E. PEARSON
CITY-ST-ZIP CHICAGO IL
☐ DELETE

TITLE C
NAME VANDEBLOEG, MARK J.
STREET ADDRESS 801 MONROE AVENUE N.W.
CITY-ST-ZIP GRAND RAPIDS MI
☒ DELETE

TITLE P
NAME HOREVITZ, MARK
STREET ADDRESS 2841 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL
☐ DELETE

TITLE STD
NAME HANSEN, JOHN JR.
STREET ADDRESS 801 MONROE AVENUE N.W.
CITY-ST-ZIP GRAND RAPIDS MI
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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:

John E. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas

1/12/97

(616) 459-1050

Date

Daytime Phone

0127526

CR2E034 (9/96)