

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 378956 (7)

1. Corporation Name

P.M.-J. CORPORATION



Principal Place of Business

19800 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Mailing Address

19800 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

POULOS, JACK M.
19800 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified

03/18/1971

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1362068

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

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

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 (if not the registered agent)

(If the Registered Agent signature is required, which is not the case)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
POULOS, JACK M
STREET ADDRESS 19800 W. DIXIE HWY
CITY - ST - ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME VD
POULOS, ANTHONY
STREET ADDRESS 2910 NE 214TH ST
CITY - ST - ZIP NORTH MIAMI BCH FL

TITLE ☐ DELETE

NAME TSD
POULOS, HARRY
STREET ADDRESS 3745 NE 171ST ST #3
CITY - ST - ZIP NORTH MIAMI BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11.1 TITLE
12. NAME
13. STREET ADDRESS

14. CITY - ST - ZIP

21.1 TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS

24. CITY - ST - ZIP

31.1 TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS

34. CITY - ST - ZIP

41.1 TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS

44. CITY - ST - ZIP

51.1 TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS

54. CITY - ST - ZIP

61.1 TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS

64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack M. Poulos

4/16/96

Daytime Phone #

CR2E034 (12/95)