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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 393753

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90024 002 ***150.00

PYRAM	ID FUNDING CORP.					I L ister hine isler hint heed bhee iik		
Principal Pla	co of Business	M. P. A.I.						
Principal Place of Business Mailing Address 2005 N. COUNTRY CLUB PRINC CLUB CREEK AND COUNTRY CLUB PRINCIPAL CREEK AND COUNTRY CLUB PRINCIPAL CREEK AND CRE								
3625 N. COUNTRY CLUB DRIVE. SUITE 1207 3625 N. COUNTRY CLUB DR MIAMI FL 33180 MIAMI FL 33180				TE 1207				
					,	DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 01/10/1972		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21		26				59-1475492		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						-		Additional
22 27			<u></u>			5. Certificate of Status Desired	Fee.F	Required
City & State City & Sta						6. Election Campaign Financing	\$5.00) Мау Ве
23		28				Trust Fund Contribution Added to Fees		
Zip 24	Country	Zip	Coun	try	ł	8. This corporation owes the current year		
24	[25]	[29]	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		31 Name		10. Name and Address of New Registo	ered Agent	
SEA	•	31 Name	•					
3625 N COUNTRY CLUB DRIVE, SUITE 1207 MIAMI FL 33180				32 Street	t Address (P.O. Box Number is Not Acceptable)			
			8	33				
			8	4 City			- 85 Zip	Code
44 Durayant								
					d corpora	tion submits this statement for the purpos s board of directors. I hereby accept the a	se of changing its	s registered
agent. I a	am familiar with, and accept the obligation	ns of, Section 607.0505, Flor	ida Statuti	9S.	20.00011	bodie of directors. Thereby accept the a	ppointment as re	agistered
SIGNATURE	Stead with the state of the sta				•			
12.	Signature, typed or printed name of registered agent of OFFICERS AND			ent signature	required wh	en reinstating) DAT		
TITLE	PSD	DELETE	13.		Τ	ADDITIONS/CHANGES TO OFFICER		
NAME	SEAVEY, ALLAN S						☐ Change	Addition
STREET ADDRESS				1.2 NAME				
CITY-ST-ZIP	MIAMI FL 33180		1.3 STREET ADDRESS		1			,
TITLE	VD	☐ DELETE	1.4 CITY-		 			
NAME	BRASS, ALAN		2.1 TITLE 2.2 NAME				☐ Change	☐ Addition ∫
STREET ADDRESS	8181 W. BROWARD BLVD., #350	1			Į			J
CITY-ST-ZIP	PLANTATION FL			ET ADDRESS			,,	
TITLE	VD	☐ DELETE	2. 4 CITY 3.1 TITLE		-			
NAME	NEWBOLD, HENRY		3.2 NAME				Change	☐ Addition
STREET ADDRESS	1437 N.W. 80 ST.							
CITY-ST-ZIP	MIAMI FL		1	ET ADDRESS]			
TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE					
NAME							☐ Change	☐ Addition
STREET ADDRESS			4. 2 NAME					į
CITY-ST-ZIP				ET ADDRESS		·		
TITLE		☐ DELETE	4.4 CITY-					<u> </u>
NAME		_ DEEC IL	5.1 IIILE 5.2 NAME				Change	☐ Addition
STREET ADDRESS				T ADDRESS		<u>.</u>		
CITY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	6.1 TITLE	√1 -4±8"	<u> </u>		По	T 4 2 100
NAME			6.2 NAME	İ			☐ Change	☐ Addition
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			6.4 C/TY-S	f				
			0.4 Of 17-3	11 * ZJF				

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 365-932-9016

CRZE034 (11/98