

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **463250** (1)

1. Corporation Name  
**PAO, INC.**



Principal Place of Business: **815 NORTH FEDERAL HWY DELRAY BEACH FL 33483-5734**  
Mailing Address: **815 NORTH FEDERAL HWY DELRAY BEACH FL 33483-5734**

3. Date Incorporated or Qualified: **10/16/1974**  
3a. Date of Last Report: **06/14/1995**  
4. FEI Number: **59-1559059**  
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

2. Principal Place of Business  
21 **413 Main St**  
22 Suite, Apt. #, etc.  
23 City & State: **Highlands NC**  
24 Zip: **28741** 25 Country: **USA**  
26 Mailing Address: **P.O. Box 189**  
27 Suite, Apt. #, etc.  
28 City & State: **Highlands NC**  
29 Zip: **28741** 30 Country

9. Name and Address of Current Registered Agent  
**PAOLETTI, JOHN  
521 N.W. 14TH ST.  
DELRAY BEACH FL 33444**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLETTI, MARY REGINA	1.2 NAME	
STREET ADDRESS	<del>815 N. FEDERAL HWY</del>	1.3 STREET ADDRESS	<b>521 N.W. 14 ST</b>
CITY-STATE-ZIP	DELRAY BEACH FL	1.4 CITY-STATE-ZIP	<b>DELRAY BCH FL 33444</b>
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLETTI, KEVIN	2.2 NAME	
STREET ADDRESS	521 NW 14 ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BCH, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLETTI, ARTHUR	3.2 NAME	
STREET ADDRESS	521 NW 14 ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or liquidator thereof; and that I am not a partner, officer, director, receiver, trustee or liquidator of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mary Regina Paoletti** (Signature and Typed/Printed Name of Signing Officer or Director)  
Date: **4/27/96**  
Phone: **(604) 526-4906**

CR2E034 (12/95)