

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90108 016 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 463250

1. Corporation Name  
 PAO, INC.



Principal Place of Business  
 413 MAIN STREET  
 HIGHLANDS NC 28741  
 US  
*440 Main (Re-numbered by 911 authorities)*

Mailing Address  
 P.O. BOX 189  
 HIGHLAND NC 28741  
 US

DO NOT WRITE IN THIS SPACE

|                             |    |    |    |    |                     |    |    |    |    |
|-----------------------------|----|----|----|----|---------------------|----|----|----|----|
| 21                          | 22 | 23 | 24 | 25 | 26                  | 27 | 28 | 29 | 30 |
| Principal Place of Business |    |    |    |    | Mailing Address     |    |    |    |    |
| Suite, Apt. #, etc.         |    |    |    |    | Suite, Apt. #, etc. |    |    |    |    |
| City & State                |    |    |    |    | City & State        |    |    |    |    |
| Zip Country                 |    |    |    |    | Zip Country         |    |    |    |    |

3. Date Incorporated or Qualified  
 10/16/1974

4. FEI Number  
 59-1559059

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 owes the current year intangible Personal Property Tax.  Yes  No

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  
 85 Zip Code  
 FL

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: *John Paoletti* (NOTE: Registered Agent signature required when reinstating) DATE: 3/26/99

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> DELETE |
| NAME           | PAOLETTI, MARY REGINA |                                 |
| STREET ADDRESS | 521 NW 14 STREET      |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL       |                                 |
| TITLE          | ST                    | <input type="checkbox"/> DELETE |
| NAME           | PAOLETTI, KEVIN       |                                 |
| STREET ADDRESS | 521 NW 14 ST          |                                 |
| CITY-ST-ZIP    | DELRAY BCH, FL 00000  |                                 |
| TITLE          | VP                    | <input type="checkbox"/> DELETE |
| NAME           | PAOLETTI, ARTHUR      |                                 |
| STREET ADDRESS | 521 NW 14 ST.         |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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: *Mary Regina Paoletti* (NOTE: SIGNATURE REQUIRED) DATE: 3/26/99 (808) 526-4906

CR2E034 (1/98)