

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 # 536931 (9)

1. Corporation Name
PACESETTERS ENTERPRISES INC.



Principal Place of Business
**2929 E COMMERCIAL BLVD #502
FT LAUDERDALE FL 33308**

Mailing Address
**2929 E COMMERCIAL BLVD #502
FT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified
06/10/1977

3a. Date of Last Report
01/18/1995

2. Principal Place of Business
21 **2430 S.E. 7th Dr.**

2a. Mailing Address
26 **2430 S.E. 7th Dr.**

4. FEI Number
59-1750347

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Pompano Beach, FL**

City & State
28 **Pompano Beach, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33062**

Country
25 **Broward**

Zip
29 **33062**

Country
30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, W L
2929 E COMMERCIAL BLVD. 502
OAKLAND PARK, FL
FT LAUDERDALE FL 33308**

81 Name **Same**

82 Street Address (P.O. Box Number is Not Acceptable)
2430 S. E. 7th Dr.

83

84 City **Pompano Beach** **FL** 85 Zip Code **33062**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, W. LEE	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. #502	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, JACKIE L	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. #502	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBBINS, MILDRED B	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. #502	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILO, LINDA	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. #502	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Miller, W. Lee	
1.3 STREET ADDRESS	2430 S.E. 7th Dr.	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miller, Jackie L	
2.3 STREET ADDRESS	2430 S.E. 7th Dr.	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robbins, Mildred B	
3.3 STREET ADDRESS	2301 L'Ville/Suwanee Rd.	
3.4 CITY-ST-ZIP	Suwanee, GA 30174	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Milo, Linda	
4.3 STREET ADDRESS	2430 S.E. 7th Dr.	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
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 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:

W. J. Miller **3-18-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Until 4/30 954-351-0503

After 4/30 954-351-0451

CR2E034 (12/95)