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

FILED Mar 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 687373 (1)PENSION TECHNIQUES OF FLORIDA, INC. Principal Place of Business Mailing Address 20968 COUNTRY BARN DRIVE 20966 COUNTRY BARN DRIVE ESTERO FL 33928 ESTERO FL 33928 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable 59-2829709 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ДJ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Z Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, PAUL T. 20966 COUNTRY BARN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ESTERO FL 33928 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607 0002/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 Statute 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. nullo **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PST 1.1 TITLE SMITH, BARBARA D. NAME 1.2 NAME 20966 COUNTRY BARN DR STREET ADDRESS 1.3 STREET ADDRESS **ESTERO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE SMITH, PAUL T. 2.2 NAME 20966 COUNTRY BARN DR STREET ADDRESS 2.3 STREET ADDRESS ESTERO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME

CITY-ST-ZIP 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 copporation or the receiver of 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.

4.3 STREET ADDRESS

4.4 City - ST - ZiP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

3/28/10

Change

Change

Addition

Addition