SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PACERS, INC.

Principal Place of Business

P.O. BOX 3624

TEQUESTA FL 33469

Mailing Address

P.O. BOX 3624 TEQUESTA FL 33469

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90012 040 ****61.25





Suite, Apt. #, etc. Suite Address (P.O. Box Number is Not Acceptable) Suite Apt. #, etc. Suite Apt. #, etc	able al
22 23-7182961 Not Applicate Status Statu	able al
City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Added to Fees 30 Name and Address of Current Registered Agent 81 Name KRYNICKI, EMMA 461-CUNRISE-WAY N PALM-BEAGN FL-93408 Jupiter, Fh. 33 458 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE Signature, Typend or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE Signature, Typend or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE Change Add C	al e
23 Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KRYNICKI, EMMA 461-CUNTRISTIAN 122 Mapkecreek Way N PALM SEASH FL 33408 Jupiter, Ft. 33 458 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (HOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTITE ORANGE GRENNAN, JOHN 710 DOUGLAS DRIVE JUPITER FL 33458	red
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CITY-ST-ZIP JUPITER FL 33477 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	l

indicated on this annual report or supplied with this limit does not qualify for its exemption stated in Section 13.07(3)(f). Fordid Statutes, Florida Certain that 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 617. 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.