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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90188 043 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 810916

1. Corporation Name

PENTAGON GROUP, INC.



Principal Place of Business

Mailing Address

P.O. BOX 142
 HUNTINGTON NY 11743
 US

P.O. BOX 142
 HUNTINGTON NY 11743
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1956

4. FEI Number

11-1699823

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 95 FOREST AVENUE

2a. Mailing Address

26 95 FOREST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LOCUST VALLEY N.Y.

City & State

28 LOCUST VALLEY N.Y.

Zip Country

24 11560 25 USA

Zip Country

29 11560 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12. OFFICERS AND DIRECTORS

TITLE	VCOO	<input type="checkbox"/> DELETE
NAME	KEOGH, TERRI A	
STREET ADDRESS	P.O. BOX 142 N/A	
CITY-ST-ZIP	HUNTINGTON NY 11743	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CASTRO, THERESA	
STREET ADDRESS	5850 NW 75TH AVENUE	
CITY-ST-ZIP	OCALA FL 34482	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	95 FOREST AVENUE
1.4 CITY-ST-ZIP	LOCUST VALLEY, N.Y. 11560
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	95 FOREST AVENUE
2.4 CITY-ST-ZIP	LOCUST VALLEY N.Y. 11560
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

516-656-3100

Daytime Phone #

CR2E034 (1/98)