

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90102 044 ***158.75

DOCUMENT # F37892

1. Corporation Name
PACIFIC AMERICAN INVESTMENTS LTD., INC.



Principal Place of Business Mailing Address
P. O. BOX 291298 P. O. BOX 291298
PORT ORANGE FL 32129 PORT ORANGE FL 32129
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
07/01/1981
4. FEI Number Applied For
59-2105346 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

9. Name and Address of Current Registered Agent
WRIGHT, E.M.
5901 BOGGSFORD
PORT ORANGE FL 32129

10. Name and Address of New Registered Agent
81 Name E.M. WRIGHT
82 Street Address (P.O. Box Number is Not Acceptable)
330 Country Circle Dr.
83
84 City Daytona Beach FL 85 Zip Code 32124

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 *E.M. Wright* (NOTE: Registered Agent signature required when reinstating) DATE 4/20/99

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	WRIGHT, E.M.	
STREET ADDRESS	5901 BOGGSFORD	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	DOMINGUES, P.D.	
STREET ADDRESS	5901 BOGGSFORD	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, M.V.	
STREET ADDRESS	5901 BOGGSFORD	
CITY-ST-ZIP	PORT ORANGE 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		Change	Addition
1.1 TITLE	PSD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	E.M. WRIGHT		
1.3 STREET ADDRESS	330 Country Circle Dr.		
1.4 CITY-ST-ZIP	Daytona Beach, Fla. 32124		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *E.M. Wright* DATE: 4/20/99 DAYTIME PHONE #: 386 9557

CR2E034 (1/98)