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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F63652

(4)

PENTLAND ASSOCIATES, INC.

FILED May 07 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address						I PRESIDE INC. BOLDE (FILE BIER) BOLIN (INC. 3181) 21911	#1411 B1811 B181	n định i ng
	i Handler, p.a. 5 road, suite 218-a 1 fl 33431	C/O WEISS & HANDLER. P.A. 2255 GLADES ROAD. SUITE 218-A BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE		
4						3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address				01/18/1982 4. FEI Number		pplied For
21	idea of Business	26				59-2187490		ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22		27				5. Certificate of Status Desired	* • • • •	equired
City & Stat	6	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes or has paid the cur		tangible No
24	25 g. Name and Address of Curren	29 29 Agent	[30]			Personal Property Tax due June 30. 10. Name and Address of New Registered.		71 140
НА	NDLER, HENRY B ESQ.		- 1	B1	Name		-	
L) WEISS & HANDLER, P.A.		-	B2 :	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	55 GLADES ROAD, SUITE 218-A				Stibbt Addie	ess (F.O. Box Number is Not Acceptable)		
BO	CA RATON FL 33431		[4	B3				
			1	B4 (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 age			Agent	signature required	d when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	RS IN 12 S
NAME	PTD □ DELETE HANDLER, HENRY B			1.1 TITLE 1.2 NAME			□ Change	T Vagition 1
STREET ADORESS				1.3 STREET ADDRESS				8
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY		ŀ			
TITLE		☐ DELETE	2.1 TITL				Change	Addition
NAME			2.2 NAN	ΛĖ	ļ			
STREET ADDRESS			2.3 STR	EET AD	DDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP				
TITLE	☐ DELET		3.1 TITL	. 3.1 TITLE			Change	Addition
NAME			3.2 NAN	ΝE				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CIT		ZIP		Change	- I Addition
TITLE		☐ DELETE	4.1 TITL				Change	L Addition
NAME CTOFFT APPOING			4. 2 NA		000000			
STREET ADDRESS			1		DDRESS			
CITY-ST-ZIP		DELETE	4 4 CITY 5 1 TITL		ZIP		Change	Addition
NAME			5.2 NAN					
STREET ADDRESS			5.3 STR		DDRESS			
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM	ΛE	}			
STREET ADDRESS			6.3 STR	EET AC	DORESS			
CITY-ST-ZIP			6.4 CITY					
14 I hereby o	and but that the information ourselied w	ith this films done not qualify:	for the ever	notio	on stated in C	Pootion 119 07/2)/i) Florida Statutae I further on	etify that the	information

Thereby certify that the information supplied with this tilting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

4/30/00

561-972-9990