**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F9400001826**1. Corporation Name

PMREALTY ADVISORS, INC.

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90065 004 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
SUITE 300		700 NEWPORT CENTER DRIVE					
800 NEWPORT CENTER DRIVE		ATTN: CORPORATE TAX		DO NOT WRITE IN THIS SPACE			
NEWPORT BEACH CA 92660		NEWPORT BEACH CA 92660		3. Date Incorporated or Qualifed			
		US		•	,		į
		-			04/11/1994		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	I <del></del>	pplied For	
21		26		33-0045226		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27					
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip Country Zip		<u>├</u> ~ ` ┌─	Country		8. This corporation owes the current		
24	25	29 30	<u>)                                     </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		г"	10. Name and Address of New Reg	istered Agent	
70.15	PRESENCE HALL CORPORATION	OVOTEN INC	81	Name			ļ
	PRENTICE-HALL CORPORATION	SYSTEM, INC.		Address (P.O. Box Number is Not Acceptable	<u> </u>		
SUFF	E 105	eneral e 1	1	1			
	HAYS STREET STANDARD CO.	file traci	83				
TALL	AHASSEE FL 32301 🚁 🔞		-	0:-		85 Zip	Code
	The state of the s		84	City		FL   85   21	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above	e-named	corporation submits this statement for the pur	roose of changing it	ts registered
office or a	egistered agent or both in the State of	i Florida. Such change was auth	iorized by	the corpo	oration's board of directors. I hereby accept the	ie appointment as i	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	i.			ļ
SIGNATURE		MOTE: Pa	oistand Ana	nt eignature r	equired when reinstating)	DATE	
organization (speed of the control o		and one ii applicable. (NOTC. Ne	Algerian vita	in agriculo i	- 1		
17	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
12.			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
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TITLE	SD AUDREY L. MILFS 700 NEWPORT CENTER DRIVE		1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	ADDITIONS/CHANGES TO OFFIC		
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	SD AUDREY L. MILFS 700 NEWPORT CENTER DRIVE NEWPORT BEACH CA	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 C/TY-S		ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
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CITY-ST-ZIP

NEWPORT BEACH CA 92660

64 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:

4/12/99

Daytime Phone #