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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 4-ch

City-St-7iP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600005286 (7)

PRESIDENTIAL GROUP, INC.

992 OLD EAGLE SCHOOL RD #917 992 OLD EAGLE SCHOOL RD #917 WAYNE PA 19067-1803 WAYNE PA 19087 3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 23-2785376 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AKERMAN, SENTERFITT & EIDSON, P.A. Name 81 216 S MONROE ST #200 Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32302-2555 83 84 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, typical or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. (96/6) DPST DELETE Change Addition TITLE 1.1 TITLE David MacMillan DAVITCH, DAVID P NAME 1.2 NAME CR2E034 992 OLD EAGLE SCHOOL RD #917 Old Eagle School Road #917 1.3 STREET ADDRESS STREET ADDRESS **WAYNE PA 19087** Wayne, PA 19087 CHTY-ST-ZIE 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 3.4. CITY-ST-ZIP Addition TITLE DELETE 4 1 TITLE ☐ Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS Dity-St-ZiP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE NAM: 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 697, Florida Statutes; and that my name

14. Too 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

attachment with an address.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR