

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90017 049 ***150.00

DOCUMENT # F98000006318

1. Corporation Name

PENULTIMA, INC. ✓

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3325A NW 55TH ST

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

30

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33309

Country

25

Country

29

Country

30

3. Date Incorporated or Qualified

NOV 17 1998

4. FEI Number

43-1801039 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CHARLES W. MINEO

STREET ADDRESS 3325A NW 55TH ST

ST-ZIP FT LAUDERDALE, FL 33309

TITLE ☐ DELETE

NAME D. MICHAEL CANADY

STREET ADDRESS 1610 DEL PERES RD STE 395

ST-ZIP ST LOUIS, MO 63131

TITLE ☐ DELETE

NAME DOUGLAS J. VON ALLEN

STREET ADDRESS 1610 DEL PERES RD STE 395

ST-ZIP ST LOUIS, MO 63131

TITLE ☐ DELETE

NAME BRUCE A. OLSON

STREET ADDRESS 1610 DEL PERES RD STE 395

ST-ZIP ST LOUIS, MO 63131

TITLE ☐ DELETE

NAME

STREET ADDRESS

ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

CHARLES W. MINEO, PRES.

4/23/99

Date

954-731-5290

Daytime Phone #

CR2E034 (11/98)