

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

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90018 001 *2,200.00

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|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT #

F98000006930 ✓

1. Corporation Name

PAMI Naples Groveway Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/98

4. FEI Number

13-4037862

Applied For

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

2. Principal Place of Business

21 3 World Financial Center

Suite, Apt. #, etc.

22

City & State

23 New York, NY

Zip

24 10285

Country

25 US

2a. Mailing Address

26 101 Hudson Street

Suite, Apt. #, etc.

27

39th Floor

City & State

28 Jersey City, NJ

Zip

29 07302

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**The Prentice-Hall Corporation System Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301**

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 **P** ☐ DELETE
NAME **Karen E. Blakely**
STREET ADDRESS **3 World Financial Center**
CITY - ST - ZIP **New York, NY 10285**

TITLE **V** ☐ DELETE
NAME **Barry J. O'Brien**
STREET ADDRESS **101 Hudson Street**
CITY - ST - ZIP **Jersey City, NJ 07302**

TITLE **S** ☐ DELETE
NAME **Jennifer Marre**
STREET ADDRESS **3 World Financial Center**
CITY - ST - ZIP **New York, NY 10285**

TITLE **AT** ☐ DELETE
NAME **Kathryn M. Bopp Flynn**
STREET ADDRESS **101 Hudson Street**
CITY - ST - ZIP **Jersey City, NJ 07302**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

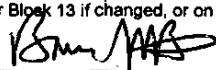
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 807, 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:



BARRY J. O'BRIEN
First Vice President

06/04/99 (201) 524-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #