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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **G90902**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90158 008 ***158.75

PEGASUS PROMOTIONS, INCORPORATED Principal Place of Business Mailing Address 9240 SUNSET DRIVE 9240 SUNSET DRIVE -SUITE 245 SUITE 245 DO NOT WRITE IN THIS SPACE **MIAMI FL 33173** MIAMI FL 33173 3. Date Incorporated or Qualifed 02/13/1984 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 5600 SW. 93 5600 S.W. 93 AVE Not Applicable 26 59-2369210 Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired W/D Fee Required W/D 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box FL Added to Fees FLURIDA Trust Fund Contribution ファットロファット 28 るフロリタファット 23 Country Country 8. This corporation owes the current year Intangible. U.S.A 30 Personal Property Tax. 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 SAME AS PREVIOUS CATASUS, AL 82 Street Address (P.O. Box Number is Not Acceptable) 567 NE 57TH STREET **MIAMI FL 33137** 83 " 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE CATASUS, AL 1.2 NAME NAME 567 N.E. 57TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33137 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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

CR2E034 (11/98)