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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H29490

(0)

PELAM INVESTMENTS, INC.

FILED Mar 05 1998 8:00am Secretary of State



| B. 1 | | | | |
|--|--------------------------------|------------------------------------|----------------------|--|
| Principal Place of Business Mailing Address | | | | |
| 111 2ND AVE. NE #510 111 2ND AVE. NE #510 | | | | |
| ST. PETERSBURG FL 33701-3465 US | | ST. PETERSBURG FL 33701-3465 US | | DO NOT WRITE IN THIS SPACE |
| . ••• | | •• | | 3. Date Incorporated or Qualified |
| | | | | 11/06/1984 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 1 Beach Drive SE | | 26 1 Beach Drive SE | | 59-2469766 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired S8.75 Additional |
| 22 Suite 305 | | 27 Suite 305 | | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| Zip | Country | Zip Zip | Country | Trust Fund Contribution |
| | — · · | - | 0 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| <u>24</u> 33701- | 9. Name and Address of Current | | <u> </u> | 10. Name and Address of New Registered Agent |
| | | | 81 Nar | |
| STAVROS, GUS A. | | | | |
| 111 2ND AVE. N.E. #510 | | | 62 Stre | pet Address (P.O. Box Number is Not Acceptable) Beach Drive SE. Suite 305 |
| ST. PETERSBURG FL 33701 | | | 83 | Deach Dilve Ob; Suite 505 |
| | | | | |
| | | | 84 City | FL 85 Zip Code |
| 44 Duration to the provisions of Sections 607 0502 and 607 1508 Elevida Statutes the shove named corneration 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, typod or printed name of registered agent and trin if applicable (NOTE: Registered Agent signature required when reinstating) DATE Output DATE | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | STD | DELETE | 1.1 TITLE | P,D |
| NAME | STAVROS, FRANCES L. | | 1.2 NAME | |
| STREET ADDRESS | 111 2ND AVE. NE #510 | | 1.3 STREET ADDRES | ss 1 Beach Drive SE, Suite 305 |
| City-St-ZIP | ST. PETERSBURG FL | | 1.4 CITY-ST-ZiP | 1 |
| TITLE | CD | DELETE | 21 TITLE | Change Addition |
| NAME | STAVROS, GUS A. | | 2.2 NAME | |
| STREET ADDRESS | 111 2ND AVE. NE #510 | | 2.3 STREET ADDRES | ss 1 Beach Drive SE, Suite 305 |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 2. 4 CITY - ST - ZIP | |
| TITLE | D | DELETE | 3.1 TITLE | Change Addition |
| NAME | STAVROS, MARK D. | | 3.2 NAME | |
| STREET ADDRESS | 111 2ND AVE. NE #510 | | 3.3 STREET ADDRES | ss 1 Beach Drive SE, Suite 305 |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 3.4. CITY - ST - ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | Change Addition |
| NAME | STAVROS, ELLEN C. | | 4. 2 NAME | |
| STREET ADDRESS | 111 2ND AVE. NE #510 | | 4.3 STREET ADDRES | ss 1 Beach Drive SE, Suite 305 |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 4.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 5.1 TITLE | S,T,D Change Addition |
| NAME | STAVROS, PAUL B. | | 5.2 NAME | |
| STREET ADDRESS | 111 2ND AVE. NE #510 | | 5.3 STREET ADDRES | S 1 Beach Drive SE, Suite 305 |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 5.4 CITY - ST - ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | 1 |
| STREET ADDRESS | | | 6.3 STREET ADDRES | ss |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. Thereby 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 empowed 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.

CICNIATUDE.

~ Posto

2/23/98 813-822-4848