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

0136011

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 25 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H37965** ✓

1. Corporation Name
PACE PROMOTIONS, INC.

Principal Place of Business	Mailing Address
1435 BANKS ROAD MARGATE FL 33063	1435 BANKS ROAD MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/15/1985

2. Principal Place of Business
21 2217 N.W. 40TH AVE
22 Suite, Apt. #, etc.
23 City & State: COCONUT CREEK, FL.
24 Zip: 33066 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number
59-2494731
☐ Applied For
☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

PACIFICI, ARLINE
2217 N W 40 AVENUE
COCONUT CREEK FL 33066

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PACIFICI, ARLINE		1.2 NAME	
STREET ADDRESS	2217 NORTHWEST 40TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	200002925542--7
STREET ADDRESS			2.3 STREET ADDRESS	-07/07/99--01076--002
CITY-ST-ZIP			2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	**SP**
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Arline Pacifici ARLINE PACIFICI 6/8/99 954-971-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2217 N.W. 40 Avenue
Coconut Creek, FL 33066

June 8, 1999

Ms Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee FL 32301-1500

Dear Ms Harris:

Please forgive the fact that I am filing late.

Enclosed find my check in the amount of $150.00. I am hoping you will forgive the late fee due to extenuating circumstances.

My husband, Franco Pacifici passed away this past February (copy of death certificate attached) and he always handled this matter for me and it was completely overlooked.

I haven't been coping to well until now and am finally beginning to put the pieces together.

Again I am asking you to accept my apologies for being late and accept my payment and agree to forgo any late charges.

Thank you for your consideration in handling this matter

Sincerely,

Arline Pacifici

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) — FRANK PACIFICI — SEX: MALE
2. DATE OF DEATH (Month, Day, Year) — FEBRUARY 10, 1999
3. SOCIAL SECURITY NUMBER — 055-24-8762
4. AGE (Last Birthday) (Years) — 67
5a. UNDER 1 YEAR: Months / Days
5b. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year) — AUGUST 1, 1931
7. BIRTHPLACE (City and State or Foreign Country) — ITALY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) — NO
9a. PLACE OF DEATH (Check only one; see instructions on other side) — HOSPITAL X (Inpatient) _ (ER/Outpatient) _ (DOA) OTHER _ (Nursing Home) _ (Residence) _ (Other) (Specify)
9b. INSIDE CITY LIMITS? (Yes or No) — YES
9c. FACILITY NAME (If not institution, give street and number) — CLEVELAND CLINIC
9d. CITY, TOWN, OR LOCATION OF DEATH — FT. LAUDERDALE
9e. COUNTY OF DEATH — BROWARD
10a. DECEDENT'S USUAL OCCUPATION — SELF-EMPLOYED
10b. KIND OF BUSINESS/INDUSTRY — PROMOTIONAL ADVERTISING
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) — MARRIED
12. SURVIVING SPOUSE (If wife, give maiden name) — ARLINE GEMINDER
13a. RESIDENCE - STATE — FLORIDA
13b. COUNTY — BROWARD
13c. CITY, TOWN, OR LOCATION — COCONUT CREEK
13d. STREET AND NUMBER — 2217 N.W. 40TH AVENUE
13e. INSIDE CITY LIMITS? (Yes or No) — YES
13f. ZIP CODE — 33066
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) — X No _ Yes — Specify
15. RACE - American Indian, Black, White, etc. (Specify) — WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0 - 12) — College (1 - 4 or 5+) — 3

PARENTS

17. FATHER'S NAME (First, Middle, Last) — ALOO PACIFICI
18. MOTHER'S NAME (First, Middle, Maiden Surname) — VERA BENPORAD

19a. INFORMANT'S NAME (Type or Print) — ARLINE PACIFICI
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) — 2217 N.W. 40TH AVENUE, COCONUT CREEK, FL. 33066

DISPOSITION

20a. METHOD OF DISPOSITION — _ Burial _ Cremation X Removal from State _ Donation _ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) — MT. GOLDA CEMETERY
20c. LOCATION - City or Town, State — HUNTINGTON STATION, N.Y.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — Ed Sharp
21b. LICENSE NUMBER (If Licensee) — 3794
21c. NAME AND ADDRESS OF FACILITY — LEVITT-WEINSTEIN MEMORIAL CHAPEL 8135 W. M C NAB RD., TAMARAC, FL. 33321

CERTIFIER

22a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) — [signature]
22b. DATE SIGNED (Mo., Day, Yr.) — 02/11/99
22c. HOUR OF DEATH — 12:45 P.M.
22d. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print)
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH
23d. NAME, ADDRESS (Type or Print)
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) — CHARLES POSTERNAK, M.D. 3000 W. CYPRESS CREEK ROAD, FT. LAUDERDALE, FLORIDA 33309
25a. SIGNATURE AND DATE
25b. LOCAL REGISTRAR SIGNATURE — [signature]
25c. DATE REGISTERED — FEB 17 1999

CAUSE OF DEATH BY CERTIFIER

Part I. Enter the chain of events — diseases, injuries, or complications — that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → Renal Failure
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF)
DUE TO (OR AS A CONSEQUENCE OF)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27a. WAS AN AUTOPSY PERFORMED? (Yes or No) — NO
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) — NO
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? _ YES _ NO
30a. IF SURGERY IS MENTIONED IN PART I OR II, CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Yr.)
31. PROBABLE MANNER OF DEATH (Specify) (Natural, Accident, Suicide, Homicide, or Undetermined)
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY (At home, farm, street, factory, etc.) (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 312, 9/96 (Replaces HRS Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

FEB 18 1999

BY Doris Owens, Chief Deputy Registrar

WARNING: DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. UNAUTHORIZED ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

10494963

FLORIDA DEPARTMENT OF HEALTH

HRS FORM 1564 (10/96)

CERTIFICATION OF VITAL RECORD