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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # H47119

(3)

PEGASUS ASSET MANAGEMENT CORP.

Principal Place of Business Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

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1433 REYNOLDS STREET 1433 REYNOLDS STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1985 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 11-2741506 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Zip Country Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name MAUNSBACH, KAY B. 1433 REYNOLDS ST. Street Address (P.O. Box Number is Not Acceptable) **KEY WEST FL N** 83 Zip Code 84 85 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PDT-VI Change Addition DELETE 1.1 TITLE TITLE LEEDS, HELEN 1.2 NAME NAME 1433 REYNOLDS STREET 1.3 STREET ADDRESS STREET ADDRESS key west fl 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition 430 (5/) ☐ Change DELETE 2.1 TITLE TITLE - MAUNSBACH, KAY- - -2.2 NAME · IMME 1433 REYNOLDS STREET 2.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 2.4 CiTY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE MAUNSBACH, KAY 3.2 NAME NAME 1433 REYNOLDS STREET STREET ADDRESS 3.3 STREET ADDRESS KEY WEST FL 3,4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE 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 charged or on an arachment with an address.

SIGNATURE

as BANGULLANDERED

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