

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 10:23

DOCUMENT # H62100 (3)

1. Corporation Name  
**PACE INDUSTRIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6720 NORTHWEST 15TH WAY  
POST OFFICE BOX 5127  
FORT LAUDERDALE FL 33310

Mailing Address  
6720 NORTHWEST 15TH WAY  
POST OFFICE BOX 5127  
FORT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**06/14/1985**

3a. Date of Last Report  
**02/09/1994**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
**11-2205248**

Applied For  
 Applied For  
 Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23

City & State  
28

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DI CHIARA, JOHN B.  
FOURTH FLOOR  
2300 EAST LAS OLAS BLVD.  
FORT LAUDERDALE FL 33301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DP  
PILUSO, MICHAEL  
6720 NW 15TH WAY  
FORT LAUDERDALE FL

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
PILUSO, LAURA  
6720 NW 15TH WAY  
FT. LAUDERDALE FL

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: Michael S. Piluso **MICHAEL S. PILUSO** 3/9/95 (305) 975-6333

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE Daytime Phone #