

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J88122 (3)

1. Corporation Name

PMC EMPLOYEE BENEFITS, INC.

Principal Place of Business

2861 EXECUTIVE DRIVE
SUITE 110
CLEARWATER FL ~~44604~~ 33762
US

Mailing Address

P O BOX 1115
~~0180 66TH ST N #3~~
PINELLAS PARK FL ~~44604~~ 33780-1115
US

2. Principal Place of Business

21 2861 EXECUTIVE DR

Suite, Apt. #, etc.

22 SUITE 110

City & State

23 CLEARWATER, FL

Zip

24 33762

Country

25 PINELLAS

2a. Mailing Address

26 P.O. BOX 1115

Suite, Apt. #, etc.

27 PINELLAS PARK, FL

City & State

28 PINELLAS PARK, FL

Zip

29 33780

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

DUBRATZ, HJ

~~8221 40 ST NORTH~~

~~PINELLAS PARK FL 33765~~

2861 EXECUTIVE DR
SUITE 110

CLEARWATER, FL

33762

81 Name

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

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1987

3a. Date of Last Report

06/04/1996

4. FEI Number

59-2963824

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DUBRATZ, H.J.
STREET ADDRESS 8391 57TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE VD ☐ DELETE

NAME DUBRATZ, MARION
STREET ADDRESS 8391 57TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE STD ☐ DELETE

NAME SCHIBLER, MICHELE
STREET ADDRESS 5380 86 AVE N
CITY-ST-ZIP PINELLAS PARK FL

TITLE VD ☐ DELETE

NAME SOLOSKI, PATRICIA
STREET ADDRESS 5548 96TH AVE N
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME 300002285153-6

13 STREET ADDRESS -09/04/97-01098-014

14 CITY-ST-ZIP ****165.00 ****165.00

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

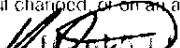
62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 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



8/26/97

CR2E034 (4/97)



2062

August 26, 1997

Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern

Enclosed is our check for \$ 165.00 for our annual renewal report.

We have just received the second notice, never received the first one, because of an incorrect address. The only reason we received the second notice was due to the kindness of an individual at our old address. Apparently the mailman put the notice under the door and they traced us to let us know.

I am sure you are aware that the post office delivers to the last address line and zip code listed.

I draw your attention to the 1995 report that clearly showed our mailing address. Because of the delay in receiving this notice, we feel that the penalty should not apply and request that you take the time to change the mailing address.

Sincerely,

A handwritten signature in dark ink, appearing to read "H.J. Dubratz".

H.J. Dubratz
President