

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

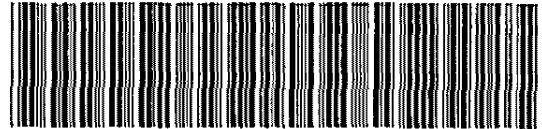
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400037795234

**FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.**

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB-4'91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other State Documents Making Entries.
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation: **DOCUMENT #K01299 (2)**

**PBF OF FORT MYERS, INC.
1939-2 PARK MEADOWS DRIVE
FORT MYERS, FL 33907**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified
To Do Business in Florida

4. FEI Number

FEI Number Applied For

5.

\$8.75 Additional Fee required
for a Certificate of Status

11/02/1987

65-0023743

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	FLEISHMAN, PATRICIA B.	6109 DEER RUN, S.W.	FORT MYERS, FL
D/S/T	FLEISHMAN, ARNOLD	6109 DEER RUN, S.W.	FORT MYERS, FL

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

**FLEISHMAN, PATRICIA B.
1939-2 PARK MEADOWS DRIVE
FORT MYERS, FL 33907**

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

FL.

85 Zip Code

9. 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 _____
(Registered Agent Accepting Appointment)

DATE _____

10. I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE _____

DATE **JAN. 30, 1991**

Typed Name of Signing Officer or Director
Arnold Fleishman

Title
Sec'y/Treas

Telephone Number Daytime
(813) 275-8877

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State **\$8.75** Additional Fee required
for a Certificate of Status