PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89448

1. Corporation Name

P.F.C., INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90278 038 ***150.00



Principal Place	of Business	Mailing Address				1 / E 5/5/1/1 201 10/1/2 D/(1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		
PO BOX 93-863	9	P.O. BOX 93-8639						
MARGATE FL 3	3093-8639					DO NOT WRITE IN THIS SPACE		
US	U\$					3. Date Incorporated or Qualifed		
						05/19/1989	1	
2. Principal Place of Business 1 0 1 4 2a. Mailing Address						4. FEI Number Applied For	\neg	
21 5750 MARAJE DIVO 26						65-0121438 Not Applical	ble	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	$\overline{\Box}$	
22 # 20 / 27						5. Certificate of Status Desired Fee Required		
City & State					2.0	6. Election Campaign Financing \$5.00 May Be	- }	
23 MARGALC, T/ 28						Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	1	
24 330 6	25	29 30				Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registered Agent		
5571	N FO PROCUOIS			81	Name			
PEEPLES, BROOKSIE				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	\neg	
) N.W. 79TH AVENUE #R2 ARAC FL 33321					· · · · · · · · · · · · · · · · · · ·		
TAM			83					
			ł	84	City	85 Zip Code	\dashv	
					•	FL (
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-	named co	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	id	
agent. I a	egistered agent, or both, in the state of m familiar with, and accept the obligation	ions of, Section 607.0505, Florid	ta Statu	ites	ie corpora	and a second of the second of	ĺ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered /	Agent	signature requ	ured when reinstating) DATE	}	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2	
TITLE	PD	☐ DELETE	1.1 TITLE		Ĩ	☐ Change ☐ Add		
NAME	PEEPLES, BROOKSIE R.		1.2 NA	ME			- {	
STREET ADDRESS	7520 NW 79TH AVE #R-2		1.3 STREET ADDRESS		ADDRESS		{	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		ZIP			
TITLE		☐ DELETE	2.1 TITLE		1	· Change Ado	lition	
NAME			2.2 NAME		}		}	
STREET ADDRESS		2.3		REET /	ADDRESS			
CITY-ST-ZIP			2. 4 CT	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE			3.1 TITLE		☐ Change ☐ Add	lition	
NAME			3.2 NAME		Į		Į	
STREET ADDRESS	· ·		3.3 STREET ADDRESS		ADDRESS			
CRTY-ST-ZIP			3.4. CITY-ST-ZIP		1]	
TITLE			_	4.1 TITLE		☐ Change ☐ Add	lition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STI	REET.	ADDRESS		- 1	
CITY-ST-ZIP	•		4.4 CIT	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Add	Jition {	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STI	REET	ADDRESS		l	
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP)	
TITLE		☐ DELETE	6.1 TIT	Œ	$\neg +$	☐ Change ☐ Ado	dition	
NAME			6.2 NA	ME	}		}	
			6.3 ST	REET/	ADDRESS			
STREET ADDRESS			6.4 CIT				ļ	
CITY- ST- ZIP						n Section 119 07/3)(i) Florida Statutes I further certify that the information		

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 informatic 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 attachagent with an adjates, with all other like empowered.

SIGNATURE: