

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
95 JUN 15 PM 2:37
DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28972

1. Corporation Name

PIONEER SCREEN COMPANY, INC. 11

Principal Place of Business Mailing Address

**1682 SW BILTMORE STREET
PT ST LUCIE, FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/09	3a. Date of Last Report May, 1994
4. FEI Number 65-0165883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under § 198 F139 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MICHAEL J NEWMAN
1850 SW SUCCESS STREET
PT ST LUCIE, FL 34953**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P O Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 607 0802 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 0805, Florida Statutes.

SIGNATURE Michael J Newman **6-2-95**
Signature of a professional registered agent and the filer of application Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	OWNER/PRESIDENT MICHAEL J NEWMAN 1850 SW SUCCESS STREET PT ST LUCIE, FL 34953	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	OWNER VICE-PRESIDENT CRAIG RICE 3121 S E WAALER STREET STUART, FL 34997	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY/TREASURER JODI B NEWMAN 1850 SW SUCCESS STREET PT ST LUCIE, FL 34953	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600001517466
-06/20/95--01090--02 Addition
******233.75 ****233.75**

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)(b), 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 J Newman** Michael J Newman **6/2/95** **(407) 340-4393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number