

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90077 012 ***150.00

DOCUMENT # L67762

1. Corporation Name

PENSION MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2101 NW CORPORATE BLVD
SUITE 206
BOCA RATON FL 33481
US

Mailing Address
2101 NW CORPORATE BLVD
SUITE 206
BOCA RATON FL 33431
US

2. Principal Place of Business
21 551 N.W. 77th St.
Suite, Apt. #, etc.
22 SUITE 101
City & State
23 BOCA RATON, FL
Zip
24 33487 Country
25 USA

2a. Mailing Address
26 551 N.W. 77th St.
Suite, Apt. #, etc.
27 SUITE 101
City & State
28 BOCA RATON, FL
Zip
29 33487 Country
30 USA

3. Date Incorporated or Qualified
04/23/1990
4. FEI Number
65-0198728
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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KESNER, JEAN S.
2101 NW CORPORATE BLVD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
551 N.W. 77th St
83 SUITE 101
84 City BOCA RATON FL 85 Zip Code 33487

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------|------------------------|---------------|--------------------------|
| D | KESNER, JEAN S. | 2101 NW CORPORATE BLVD | BOCA RATON FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|-----------------------------|-----------------------|--------------------------|--------------------------|
| | | 551 N.W. 77th St, SUITE 101 | BOCA RATON, FL. 33487 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEAN S. KESNER 1/22/99 561-994-3212

CR2E034 (1/1/98)