

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L96255

(9)

1. Corporation Name

P B MANAGEMENT CORPORATION



Principal Place of Business

7904 W. DR. #106
NORTH BAY VLG FL 33141
US

Mailing Address

7904 WEST DRIVE #106
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified
08/24/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0223666

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILODEAU, PATRICK
7904 WEST DRIVE #106
NORTH BAY VILLAGE FL 33141

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 607.0502 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 of person named in the provisions of the statute of incorporation

Signature of Registered Agent (signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
BILODEAU, PATRICK
7904 WEST DRIVE #817
NORTH BAY VILLAGE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5.1 TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9.1 TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13.1 TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17.1 TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21.1 TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25.1 TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29.1 TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

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)(k), 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 registered agent or duly 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 without address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11/96 03751-8179

Date

Daytime Phone #

CR2E034 (12/95)