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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M98685

(4)

1. Corporation Name

PM CUSTOM DESIGNS, INC.



Principal Place of Business

Mailing Address

2215 GARDEN STREET
TITUSVILLE FL 32796

2215 GARDEN STREET
TITUSVILLE FL 32796-2543

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

09/12/1988

03/18/1996

4. FEI Number

Applied For

59-2004250

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

10. Name and Address of New Registered Agent

MALEK, PATRICK R.
2215 GARDEN STREET
TITUSVILLE FL 32796

81 Name

MITCHELL, DONNA S.

82 Street Address (P.O. Box Number is Not Acceptable)

3034 SIR HAMILTON CIR

83

84 City

TITUSVILLE

FL

85 Zip Code
32780

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 PDC
NAME MALEK, PATRICK R
STREET ADDRESS 2021 S. WASHINGTON
CITY-ST-ZIP TITUSVILLE FL

TITLE VT
NAME MITCHELL, DONNA S.
STREET ADDRESS 3034 SIR HAMILTON CIR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDC
1.2 NAME MALEK, PATRICK R
1.3 STREET ADDRESS 3034 SIR HAMILTON CIR
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780

2.1 TITLE VT
2.2 NAME MITCHELL, DONNA S.
2.3 STREET ADDRESS 3034 SIR HAMILTON CIR
2.4 CITY-ST-ZIP TITUSVILLE FL 32780

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 25, 1997 407-269-0768

CR2E034 (9/96)