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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003962 (5)**

1. Corporation Name  
**PBCOGS, INC.**



Principal Place of Business  
**2611 POINSETTIA AVENUE  
W PALM BEACH FL 33407**

Mailing Address  
**2611 POINSETTIA AVENUE  
W PALM BEACH FL 33407**

3. Date Incorporated or Qualified

**07/29/1996**

4. FEI Number

**65-0682960**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 2925 10th Ave North**

**26 2925 10th Ave North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 305**

**27 Suite 305**

City & State

City & State

**23 LAKE WORTH, FLA**

**28 LAKE WORTH, FL**

Zip

Country

Zip

Country

**24 33461**

**25**

**29 33461**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD.  
#211  
PALM BEACH GARDENS FL 33418**

81 Name

**MARTA RUB**

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

**698 NORTH ISLAND DR**

83

84 City

**GOLDEN BEACH**

FL

85 Zip Code

**33160**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **MARTA RUB**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**3/26/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **BONE, MELANIE K**  
STREET ADDRESS **% 2611 POINSETTIA AVE.**  
CITY-ST-ZIP **W PALM BEACH FL 33407**

TITLE **D VICE PRESIDENT** ☐ DELETE

NAME **JONES, DEBRA**  
STREET ADDRESS **% 2611 POINSETTIA AVE.**  
CITY-ST-ZIP **W PALM BEACH FL 33407**

TITLE **D PRESIDENT** ☐ DELETE

NAME **LEDERMAN, SAMUEL**  
STREET ADDRESS **% 2611 POINSETTIA AVE.**  
CITY-ST-ZIP **W PALM BEACH FL 33407**

TITLE **D** ☒ DELETE

NAME **ANDERSON, LOUIS**  
STREET ADDRESS **% 2611 POINSETTIA AVE.**  
CITY-ST-ZIP **W PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

**CHANGE ALL TO:**

**2925 10th Ave North**

**Suite 305**

**LAKE WORTH** ☐ Change ☐ Addition

**FLORIDA 33461**

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARTA RUB**

**3/9/98**

CR2E037 (10/97)