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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Jun 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004204 (1)

PACT TRUST INCORPORATED						
Principal Plac	e of Business	Mailing Address			, BOLLI BBIIT C áith Bibin 14 é t	8 8 44 6 101 4001
		320 WILMA CIRCLE		Date Incorporated or Qualified		
		WEST PALM BEACH FL 33404		08/05/1996		
				4. FEI Number	A	pplied For
				31-1474016	N	ot Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.		26. Mailing Address 26. Suite, Apt. #, etc. 27.		5. Certificate of Status Desired		Additional equired
				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State)	City & State		7. Is this nonprofit corporation a		
23		28		· · · · · · · · · · · · · · · · · · ·	Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has p		
24	25	29	30	Personal Property Tax due Jun		No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
			81 Name			
	HENRY M		82 Street A	dress (P.O. Box Number is Not Accepta	able)	
	MA CIRCLE		63			
KIVIEKA	BEACH FL 33404					
			84 City		FL 85 Zip	Code
	the provisions of Continue 647 0500	and 617 1508 Florida Sta	tutes the above-named c	orporation submits this statement for the		ts registered
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.		is authorized by the corpo Florida Statutes. IOTE: Registered Agent signature re		DATE	
SIGNATURE		and little if applicable. (N	IOTE: Registered Agent signature re		DATE ICERS AND DIRECTOR	RS IN 12
SIGNATURE _	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable. (N	NOTE: Registered Agent signature re	quired when reinstating)	DATE	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P O'NEILL, BEVERLY C	and little if applicable. (N	HOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE ICERS AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P O'NEILL, BEVERLY C 320 WILMA CIRCLE	and little if applicable. (N	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE ICERS AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P O'NEILL, BEVERLY C	and little if applicable. (N	HOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE ICERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P O'NEILL, BEVERLY C 320 WILMA CIRCLE WEST PALM BEACH FL 33404	and little if applicable. (N DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstating)	DATE ICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PO'NEILL, BEVERLY C 320 WILMA CIRCLE WEST PALM BEACH FL 33404 VT O'NEILL, HENRY M 320 WILMA CIRCLE	and little if applicable. (N DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when reinstating)	DATE ICERS AND DIRECTO	RS IN 12
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