	PROFIT RPORATION JAL REPORT 1999		Katherin Secretary		Apr 02, 19 Secretary 04-02-1999 900	y of State 25 008 ***150.00	
DOCUI 1. Corporation PEJUS, I		85452					
Principal Place of Business Mailing Address 1515 MAGNAVOX WAY 1515 MAGNAVOX WAY FT. WAYNE IN 46804 FT. WAYNE IN 46804 JS US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
2. Principal P	lace of Business	2a	Mailing Address	<u> </u>	09/10/1991 4. FEI Number	Applied Fo	
1		26	Outer Ant H sta		35-1767908	Not Applica	
Suite, Apt.	#, 81C.	27	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additiona Fee:Required	
City & State	e	28	City & State		6. Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees	
Zíp 4	Countr		Ζίρ [:	Country 30	8. This corporation owes the current Personal Property Tax.	year Intangible □Yes □No	
<u> </u>	9. Name and Addre			81 Name	10. Name and Address of New Regi	istered Agent	
JACK	3-101 BEACH BLVD (SONVILLE FL 32250		307.1508, Florida Statute	83 84 City	Iress (P.O. Box Number is Not Acceptable	FL 85 Zip Code	
1433 JACK 11. Pursuant office or m agent. I al SIGNATURE	to the provisions of Sec egistered agent, or both im familiar with, and acc Signature, typed or printed name	tions 607.0502 and 6 , in the State of Flori ept the obligations of of registered egent and title	f, Section 607.0505, Flori if applicable. (NOTE: F	83 84 City s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered as registered	
1433 JACK 11. Pursuant office or m agent. I at SIGNATURE	to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name	tions 607.0502 and 6 , in the State of Flori ept the obligations of	f, Section 607.0505, Flori if applicable. (NOTE: F	83 84 City s, the above-named corr thorized by the corporati da Statutes.	poration submits this statement for the pur ion's board of directors. I hereby accept th	FL 85 Zip Code pose of changing its registered as registered	
1433 JACK 11. Pursuant office or n agent. I a SIGNATURE 12. ITLE	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both m familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M.,	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	f, Section 607.0505, Flori if applicable. (NOTE: F	83 84 City s, the above-named cor thorized by the corporat da Statutes. Registered Agent signature require 13.	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered pose of changing its registered DATE ERS AND DIRECTORS IN 1	
1433 JACK 11. Pursuant office or r agent. I at SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	to the provisions of Sec egistered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	f, Section 607.0505, Flori if applicable. (NOTE: F	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered pose of changing its registered DATE ERS AND DIRECTORS IN 1	
1433 JACK 11. Pursuant office or r agent. I at SIGNATURE 12. ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	(SONVILLE FL 32250 to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	r, Section 607.0505, Flori if applicable. (NOTE: 1 ECTORS DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered pose of changing its registered DATE ERS AND DIRECTORS IN 1	
1433 JACK 1. Pursuant office or m agent. I at SIGNATURE 12. TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME	to the provisions of Sec registered agent, or both m familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J.	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	f, Section 607.0505, Flori if applicable. (NOTE: F	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 11. 12. 13. 14. 13. 14. 14. 17. 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad	
1433 JACK 11. Pursuant office or m agent. I at SIGNATURE 12. TILE IAME STREET ADDRESS STREET ADDRESS	to the provisions of Sec registered agent, or both m familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	r, Section 607.0505, Flori if applicable. (NOTE: 1 ECTORS DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TTTLE	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad	
1433 JACK 11. Pursuant office or m agent. I at SIGNATURE SIGNATURE 12. ITTLE IAME STREET ADDRESS SITY-ST-ZIP ITLE	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	r, Section 607.0505, Flori if applicable. (NOTE: 1 ECTORS DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 11.1 12. NAME 13.3 14. City-ST-ZIP 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 3.5 2.4 City-St-ZIP 3.1 3.1	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad	
1433 JACK 11. Pursuant office or n agent. I a SIGNATURE 12. ITTLE IAME STREET ADDRESS STRY-ST-ZIP TTLE IAME STREET ADDRESS STRY-ST-ZIP TTLE IAME	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori if applicable. (NOTE: 1 ECTORS DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 11. 12. 13. 14. 17. 1.1 12. 13. 14. 17. 2.1 2.1 2.1. 2.1. 2.1. 2.1. 2.1. 2.1. 2.1. 2.3. STREET ADDRESS 2.4. CITY-ST-ZIP	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad	
1433 JACK 11. Pursuant office or n agent. I a SIGNATURE 12. ITLE ITLE ITREET ADDRESS ITTY-ST-ZIP ITLE IAME ITTEET ADDRESS ITTY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori If applicable. (NOTE: 1 ECTORS DELETE DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature requir 13. 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered pointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad	
1433 JACK	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori if applicable. (NOTE: 1 ECTORS DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITTLE	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad	
1433 JACK	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori If applicable. (NOTE: 1 ECTORS DELETE DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature requir 13. 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered pointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad	
1433 JACK	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Fiori	83 84 City s, the above-named corr thorized by the corporation 13 1.1 TITLE 12 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad Change Ad Change Ad	
1433 JACK 11. Pursuant office or m agent. I a SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori If applicable. (NOTE: 1 ECTORS DELETE DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation 13 1.1 TITLE 12 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 STREET ADDRESS 3.4 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	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered pointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad	
1433 JACK 11. Pursuant office or m agent. I a SIGNATURE 12. TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Fiori	83 84 City s, the above-named corr thorized by the corporation 13 1.1 ITTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 ITTLE	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad Change Ad Change Ad	
1433 JACK 11. Pursuant office or m agent. I a SIGNATURE 12. ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both im familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori if applicable. (NOTE: F ECTORS DELETE DELETE DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation 13 13. 1.1 TITLE 12 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 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 2.2 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	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered pointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad Change Ad Change Ad Change Ad	
1433 JACK 11. Pursuant office or m agent. I at SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	(SONVILLE FL 32250 to the provisions of Sec registered agent, or both m familiar with, and acc Signature, typed or printed name CC BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA FT. WAYNE IN FT. WAYNE IN	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Fiori	B3 B4 City S, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 12.NAME 13.STREET ADDRESS 14.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 3.3 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	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered appointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad Change Ad Change Ad	
1433 JACK	(SONVILLE FL 32250 to the provisions of Sec egistered agent, or both in familiar with, and acc Signature, typed or printed name CP BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA FT. WAYNE IN	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title PFICERS AND DIRE	R Section 607.0505, Flori if applicable. (NOTE: F ECTORS DELETE DELETE DELETE DELETE	83 84 City s, the above-named corr thorized by the corporation 13. 11.1 12.0 13. 1.1 12.1 13.5 14.0 13.5 14.0 13.5 14.0 13.5 14.0 13.5 14.0 13.5 14.0 13.5 14.0 17.5 2.1 1.1.1 12.2 NAME 2.3 2.4.0 2.1.7 3.1 17.6 2.1.7 3.1 1.1.1 2.1.1 1.1.1 2.2.1 3.1 1.1.1 2.1.1 3.1.1 1.1.1 1.1.1 1.1.1 2.1.1 3.1.1 1.1.1 <td>poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)</td> <td>B5 Zip Code pose of changing its registered pointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad Change Ad Change Ad Change Ad</td>	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	B5 Zip Code pose of changing its registered pointment as registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad Change Ad Change Ad Change Ad	
1433 JACK	(SONVILLE FL 32250 to the provisions of Sec egistered agent, or both in familiar with, and acc Signature, typed or printed name CC BEAL, ERNEST M., 4735 SCOTIA FT. WAYNE IN VCS BEAL, PAMELA J. 4735 SCOTIA FT. WAYNE IN	tions 607.0502 and 6 , in the State of Flori ept the obligations of a of registered agent and title FFICERS AND DIRI JR.	R Section 607.0505, Flori if applicable. (NOTE: F ECTORS DELETE DELETE DELETE DELETE DELETE	B3 B4 City S, the above-named corr thorized by the corporation City Registered Agent signature require 13. 1.1 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 2.1 AMME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 2.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	poration submits this statement for the pur ion's board of directors. I hereby accept th ed when reinstating)	FL 85 Zip Code pose of changing its registered DATE ERS AND DIRECTORS IN 1 Change Ad Change Ad	

3/29/99 219-459-155 Date Daytime Phone #