

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000000915(7)

1. Corporation Name

PACE MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

415 39TH STREET

PO BOX 338

UNION CITY, NJ 07087 SADDLE RIVER, NJ 07458

FILED

97 OCT -7 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 PO BOX 338		1-6-1993	4-21-1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 SADDLE RIVER, NJ		65-0383893	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29 07458	30 USA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

O'NEILL, WILLIAM R.
CUMMINGS AND LOCKWOOD
3001 TAMiami TRAVEL NORTH
NAPLES, FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, SAVERIO	1.2 NAME	
STREET ADDRESS	415 39TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	UNION CITY, NJ 07087	1.4 CITY - ST - ZIP	
TITLE	VICE/PRES & DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, LIVIA	2.2 NAME	
STREET ADDRESS	415 39TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	UNION CITY, NJ 07087	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Saverio Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201-330-7575

Date

Daytime Phone #

CR2E034 (9/96)

2

Pace Management Services, Inc.

P.O. Box 338
Saddle River, NJ 07458

September 30, 1997

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

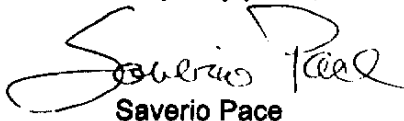
Dear Sir or Madam:

Pursuant to a conversation with your department, I am resubmitting Pace Management Services, Inc.'s Profit Corporation Annual Report for 1997. The return is being re-filed with payment of \$165.00.

The original return was sent back to us with an additional \$385.00 requested as a late filing penalty. This return is being filed after the May 1 due date because the company had never received the Form from the State of Florida. Apparently, the State is using an old address at which the company is no longer located. Please update your records for the new mailing address as indicated on the 1997 Annual Report.

Based on this information, I would appreciate you giving consideration to the abatement of the additional filing fee penalty of \$385.00. I am certain that once the mailing address of the company is corrected, there will be no delinquent filings in the future.

Very truly yours,


Saverio Pace

SP/ph/PMSI