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May 13 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 # P93000018373 (9)

1. Corporation Name  
PTM CORPORATION

Principal Place of Business  
1259 SUSSEX DRIVE  
NORTH LAUDERDALE FL 33068  
US

Mailing Address  
1259 SUSSEX DRIVE  
NORTH LAUDERDALE FL 33068-5334  
US



3. Date Incorporated or Qualified 03/11/1993  
3a. Date of Last Report 04/25/1996

4. FEI Number 65-0398348  
Applied For 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

2. Principal Place of Business  
21 288 South University Dr  
Suite, Apt #, etc.

2a. Mailing Address  
26 PO Box 26024  
Suite, Apt #, etc.

22 City & State  
23 KAITIATION FLORIDA

27 City & State  
28 TAMPA FLORIDA

24 33824  
25 USA  
29 33320  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINCE, HORACE  
1259 SUSSEX DRIVE  
#X115  
NORTH LAUDERDALE FL 33068

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 loc. if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	PRINCE, JACQUI S.	1.2 NAME	LAUREN PRINCE
STREET ADDRESS	1259 SUSSEX DR	1.3 STREET ADDRESS	4701 NW 82ND AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	LAUDERDALE FL 33351
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	JACQUELINE PRINCE
STREET ADDRESS		2.3 STREET ADDRESS	1225 RIVINGTON DR #202
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS FL 3307
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: HORACE PRINCE 4/29/97 (914) 424-4457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)