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

__:PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029097 1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90094 021 ***150.00

PM INV	ESTMENTS, INC.								
Principal Plac	e of Business	Mailing Address				-		318 5111 5811	10/11 1001 1001
	TWAY #1 SOUTH	PO BOX 618							
SUITE A ST AUGUSTINE FL 32085 ST AUGUSTINE FL 32086						DO NOT WRI	TE IN THIS	SPACE	
3 T AUGUSTINE FL 32000						3. Date Incorporated or Qualifed			
						04/21/1993			
Principal Place of Business 2a. Mailing Address					······································	4. FEI Number		Ар	plied For
21						59-3181905		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				•	·	5. Certifcate of Status Desired		\$8.75	
27 27			<u> </u>			3. Certificate of Citatos Dosifica		Fee Re	quired
City & Stat	ity & State City & State					6. Election Campaign Financing	· 🗆	\$5.00	
23	28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the curr	ent year Int		
24	25		30			Personal Property Tax.	20 gists-s-	Yes	□No
	9. Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Address of New I	cystered.	- Agent	
Lino	HIDCH HAMITON D			ا''	Hame				
UPCHURCH, HAMILTON D 790 NORTH PONCE DE LEON BOULEVARD				82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
	NURTH PUNCE DE LEUN BOUL AUGUSTINE FL 32084	EVAND		00					
51 4	AUGUSTINE FL 32064		Į	83					į
			ŀ	84	City			85 Zip (Code
							FL	,	ragistarad
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the ab thorized	ove by t	-named corpo the corporation	ration submits this statement for the n's board of directors. I hereby acce	purpose or ot the appoi	cnanging its ntment as re	gistered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statu	tes.	-	,			·
SIGNATURE							· · · · · · · · · · · · · · · · · · ·		
ļ <u></u> -	Signature, typed or printed name of registered age			Agent	signature required		DATE	D DIDECTO	DC IN 12
12.	·	ID DIRECTORS	13.	1 =		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
TITLE	-								
NAME	PACETTI, TERRY W			1.2 NAME					}
STREET ADDRESS	0120 00 11101111111 11 10 00 11 10 00 11 11			1.3 STREET ADDRESS					
CITY-ST-ZIP	ST AUGUSTINE FL 32086			1.4 CITY-ST-ZIP				☐ Change	Addition
TITLE	STD DELETE 2.1 TI							Citarige	
NAME	CIMINO, FAITH E			2.2 NAME					ł
STREET ADDRESS	0120 00 11101111111 # 1 000111 00112 /			2.3 STREET ADDRESS]
CITY-ST-ZIP	ST AUGUSTINE FL 32086	= =====================================	2.4 CIT		F-ZiP			Change	Addition
TITLE			3.1 TITI			• •		Change	L Modificial
NAME			3.2 NA	MË					
STREET ADDRESS	:		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP		<u> </u>	3.4. CI		T- ZIP		-		- Addition
TITLE		☐ DELETE	4.1 TIT	LΕ				Change	Addition
NAME				LPE	ı				ľ
STREET ADDRESS			4. 2 NA	unc	ļ				
CITY-ST-ZIP					ADDRESS				
		<u>=</u>	4.3 STI 4.4 CIT	REET Y-ST					P ² 4 1 2 2 2
TITLE		☐ DELETE	4.3 STI 4.4 CIT 5.1 TIT	REET Y-ST LE				Change	☐ Addition
		DELETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI	REET Y-ST LE ME	-ZIP			Change	☐ Addition
TITLE		DELETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI	REET Y-ST LE ME				☐ Change	☐ Addition
TITLE NAME		-	4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STI 5.4 CIT	REET Y-ST LE ME REET Y-ST	-ZIP ADDRESS				į
NAME STREET ADDRESS		☐ DELETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI	REET Y-ST LE ME REET Y-ST	-ZIP ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STI 5.4 CIT	REET Y-ST LE ME REET Y-ST LE	-ZIP ADDRESS				į
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		-	4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAI	REET TY-ST LE ME REET TY-ST LE ME	-ZIP ADDRESS				į

14. 1 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, with all other like empowered.

JOSTINE E. CIMINO STORAGE OF SIGNING OFFICER OR DIRECTOR