

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000041602 (2)

1. Corporation Name

PMG WORLDWIDE INC.



Principal Place of Business

Mailing Address

6300 HAZELTINE NATIONAL DR.
SUITE 100
ORLANDO FL 32822

6300 HAZELTINE NATIONAL DR.
SUITE 100
ORLANDO FL 32822

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

03/03/1995

4. FEI Number

59-3185992

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

10. Name and Address of New Registered Agent

PORTMAN, BRADLEY J
6300 HAZELTINE NATIONAL DR.
SUITE 100
ORLANDO FL 32822

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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's signature required when requested)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MURRAY, THOMAS R
STREET ADDRESS 7675 APPLE TREE CIRCLE
CITY - ST - ZIP ORLANDO FL 32819

TITLE D ☐ DELETE
NAME PORTMAN, BRADLEY J
STREET ADDRESS 8215 WILLOWWOOD ST.
CITY - ST - ZIP ORLANDO FL 32818

TITLE D ☐ DELETE
NAME GAIN, JAMES G
STREET ADDRESS 8610 CHICKORY CRT.
CITY - ST - ZIP ORLANDO FL 32825

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 13363 Sunset Lakes Cir.
14 CITY - ST - ZIP Winter Garden, FL 34781

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 815 WOODMEAD Ct.
24 CITY - ST - ZIP Orlando, FL 32828

3.1 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 4913 Blackburn Ct.
34 CITY - ST - ZIP Orlando, FL 32826

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 407/860-9400
Date Daytime Phone #

CR2E034 (12/95)