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

FILED

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P93000041602 (2)

PMG WORLDWIDE INC.

| 11110 | SHEDWIDE INO. | | | | | |
|---|---|---|-------------------------|---|---|--------------------------------------|
| Principal Place | of Business | Mailing Address | | - | ef iak 01001 11010 01141 08410 1101 1001 | |
| 6300 HAZELTINE NATIONAL DR. SUITE 100 ORLANDO FL 32822 | | 6300 HAZELTINE NATIONAL DR. SUITE 100 ORLANDO FL 32822-5109 | | | | |
| | | | | | 3. Date Incorporated or Qualified 06/04/1993 | 3a. Date of Last Report 03/26/1996 . |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4, FEI Number | Applied For |
| 21 | | 26 | | | 59-3185992 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | | City & State | | o Florida Comodina Financia | Fee Required | |
| 23 | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be | |
| Zip | — <u>————————————————————————————————————</u> | | Country | · · · · · · · · · · · · · · · · · · · | This corporation has liability for in | |
| 24 | 25 | 29 | 30 | | | Yes No |
| | 9. Name and Address of Currer | | | | 10. Name and Address of New Reg | istered Agent |
| POR | TMAN, BRADLEY J | | 81 | Name M | biray Thomas | |
| 6300 | HAZELTINE NATIONAL DR. | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable | e) |
|] | E 10 0 | | | 63 | 300 Hazeltin | ne National Dr. |
| ORL | ANDO FL 32822 | | 83 | < | orte 100 | • |
| | \sim | 1 | 84 | City | 0110 | B5 Zip Code |
| 14 5 | | / | | C | Dy lando | - FL 3382.2_ |
| 11. Pursuant to the provisions of Sections 607 6502 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, a property the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| agent. I am familiar with, and except the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | Standure, typed or printed parity at registeres age | ont and title if applicable [NO | Oli : Hop etyrod Au | out signature require | d when rejectation) | 7/3/9/ |
| 12. | | D DIRECTORS | 13. | on arguestore enquire | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | D | DELFTE | 1.1 TITLE | | | Change Addition |
| NAME | MURRAY, THOMAS R | | 1.2 NAME | | | |
| STREET ADDRESS 13363 SUNSET LAKES CIRCLI | | E | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER GARDEN FL | | 1.4 CiTY- ST- ZIP | | | · |
| TITLE | DELETE | | 21 1111 | | | Change Addition |
| NAME | PORTMAN, BRADLEY J | | 2.2 NAME | | | , |
| STREET ADDRESS | 815 WOODMEAD COURT | | 2.3 STREFT ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | 2. 4 CITY- | ST-ZIP | | |
| TITLE | | | 3.1 1114.6 | | · · · · · · · · · · · · · · · · · · · | 🐃 🔀 Change 🔲 Addition |
| NAME | GAIN, JAMES G | AIN, JAMES G | | | | |
| STREET ADDRESS | 4913 BLACKBURN COURT | | 3.3 STREET | ADDRESS | orlando, FLD | Court |
| CITY-ST-ZIP | ORLANDO FL | DELETE | 3.4. C(1) - | S1-ZIP | oriando, FLO | Change Addition |
| TITLE | | | 4.1 1011.6 | | ` | Change Addition |
| NAME | | | 4. 2 NAME | 4000000 | | • |
| STREET ADDRESS | | | 4.3 STREET | Į. | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY-5 5.1 TITLE | 01 - 2117 | | Change Addition |
| NAME | | | 5.2 NAME | | | E CHOUGH |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | i | | 5.4 CITY - 9 | i i | | |
| TITLE | | | 6.1 THLE | | | Change Addition |
| NAME | | • | 6.2 NAME | | | |
| STREET ADDRESS | | _ | | ADDRESS | | |
| City-St-ZiP | Brown Const | | 6.4 CITY-5 | | | |

In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the processes and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name