

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90088 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000041832**

1. Corporation Name  
**PMG ENTERPRISES, INC.**

Principal Place of Business

1109 N. FEDERAL HIGHWAY  
 FT. LAUDERDALE FL 33304  
 US

Mailing Address

PMG PROPERTY MGMT INC  
 6245 N FEDERAL HWY  
 FT LAUDERDALE FL 33308  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

65-0436958

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26 2500 N. Federal Hwy

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 Suite 201

City & State

23

City & State

28 Fort Lauderdale, FL

Zip

24

Country

25

Zip

29 33305

Country

30 USA

9. Name and Address of Current Registered Agent

PMG PROPERTY MGMT INC  
 6245 N FEDERAL HWY  
 FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81

Name DWV Investments, Inc

82

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

2500 N. Federal Hwy

83

Suite 201

84

City Fort Lauderdale

FL

85

Zip Code

33305

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]*  
 Signature, typed or printed name of registered agent and title if applicable

*[Signature]*  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE

2/16/99

12. OFFICERS AND DIRECTORS

TITLE  DELETE

D  
 NAME GAYDA, PETER M  
 STREET ADDRESS 3261 NE 56TH COURT  
 CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

D  
 NAME Gayda, Peter M  
 STREET ADDRESS 10 N. Compass Dr  
 CITY-ST-ZIP Fort Lauderdale, FL 33308

2.1 TITLE  Change  Addition

V.S.  
 NAME Gayda, Marc P.  
 STREET ADDRESS 10 N. Compass Dr  
 CITY-ST-ZIP Fort Lauderdale, FL 33308

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *[Signature]* DATE: 2/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)