

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 # P93000062683

1. Corporation Name
PMG CENTER, INC.

Principal Place of Business
6245 N FEDERAL HWY.
5TH FLOOR
FT. LAUDERDALE FL 33308- R
US

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90104 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

4. FEI Number

65-0436962

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Volkmar Dirksen, President 2/16/99

12. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 REQUIRED

Date

Daytime Phone #

2/16/99

CR2E034 (11/98)