

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000080776 (6)**

1. Corporation Name

**PYRAMID VENTURES, INC.**



Principal Place of Business

Mailing Address

**3793 HARWOOD STREET  
LAKE PARK FL 33403**

**PO BOX 12111  
LAKE PARK FL 33403**

3. Date Incorporated or Qualified

**01/01/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 132 Heatherwood Drive**

**26 P.O. Box 12111**

4. FEI Number

**65-0570643**

Applied For  
Not Applicable

5. Certificate of Status Desired

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**\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Royal Palm Beach, FL**

City & State

**28 Lake Park, FL**

Zip

**24 33411**

Country

**25 USA**

Zip

**29 33403**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**FERGUSON, CHARLES  
804 PROSPERITY FARMS RD.  
UNIT 1  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

**81 Name Bruce W. Keihner, P.A.**

**82 Street Address (P.O. Box Number is Not Acceptable) 411 S. County Road,**

**83 Suite 200**

**84 City Palm Beach,**

**FL**

**85 Zip Code 33480**

11. Pursuant to the provisions of Sections 607.0503 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

*Bruce W. Keihner*, **BRUCE W. KEIHNER**

**6/11/96**

12. OFFICERS AND DIRECTORS

**11 TITLE P.D.T.**  
**NAME FERGUSON, CHARLES E**  
**STREET ADDRESS % 804 PROSPERITY FARMS RD UNIT 1**  
**CITY - ST - ZIP NORTH PALM BEACH FL 33408**

**12 TITLE S**  
**NAME FERGUSON, JOANN**  
**STREET ADDRESS 804 PROSPERITY FARMS RD. UNIT 1**  
**CITY - ST - ZIP NORTH PALM BEACH FL 33408**

**13 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**14 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**15 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**16 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE P.D.T.**  
**12 NAME Ferguson, Charles E.**  
**13 STREET ADDRESS 3793 Harwood Street**  
**14 CITY - ST - ZIP Lake Park, FL 33403**

**21 TITLE S**  
**22 NAME Ferguson, JoAnn L.**  
**23 STREET ADDRESS 3793 Harwood Street**  
**24 CITY - ST - ZIP Lake Park, FL 33403**

**31 TITLE V**  
**32 NAME Higgins, George D.**  
**33 STREET ADDRESS 132 Heatherwood Drive**  
**34 CITY - ST - ZIP Royal Palm Beach, FL 33411**

**41 TITLE**  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY - ST - ZIP**

**51 TITLE**  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY - ST - ZIP**

**61 TITLE**  
**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*JoAnn L. Ferguson*, **JoAnn L. Ferguson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)