SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:25

DOCUMENT # **P93000083446 (3)**

1. Corporation Name

PLI MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1061 E INDIANTOWN ROAD SUITE 318 JUPITER FL 33477	15 SECOR ROAD BROOKFIELD CT 06804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 04/29/1994

21 2. Principal Place of Business	26 2a. Mailing Address: 1061 E. Indiantown Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: Suite 318
23 City & State	28 City & State: Jupiter, Florida
24 Zip / 25 Country	29 Zip: 33477 / 30 Country: Palm Beach

4. FEI Number: 65-0458543 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	MACRICOSTAS, CONSTANTINE	12 NAME	
STREET ADDRESS	1061 E INDIANTOWN RD, SUITE 318	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☒ Change ☐ Addition
NAME	YOMAZZO, MICHAEL J	22 NAME	DP Yomazzo, Michael J.
STREET ADDRESS	15 SECOR ROAD	23 STREET ADDRESS	1061 East Indiantown Road, Suite 318
CITY-ST-ZIP	BROOKFIELD CT 06804	24 CITY-ST-ZIP	Jupiter, Florida 33477
TITLE	DVS	31 TITLE	☒ Change ☐ Addition
NAME	MOONAN, JEFFREY P	32 NAME	DVS Moonan, Jeffrey P.
STREET ADDRESS	15 SECOR ROAD	33 STREET ADDRESS	1061 East Indiantown Road, Suite 318
CITY-ST-ZIP	BROOKFIELD CT 06804	34 CITY-ST-ZIP	Jupiter, Florida 33477
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	V Bollo, Robert J.
STREET ADDRESS		43 STREET ADDRESS	1061 East Indiantown Road, Suite 318
CITY-ST-ZIP		44 CITY-ST-ZIP	Jupiter, Florida 33477
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	V Heilman, David
STREET ADDRESS		53 STREET ADDRESS	13536 North Central Expressway, M/S 943
CITY-ST-ZIP		54 CITY-ST-ZIP	Dallas, Texas 75243
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 6/12/95 (407) 743-4163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeffrey P. Moonan

0170227 PN