

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1996 8:00 am
Secretary of State

DOCUMENT # P93000087800 (7)

1. Corporation Name

PACIFIC FLORIDA HOLDINGS, INC.

Principal Place of Business

Mailing Address

222 LAKEVIEW AVE.
SUITE 160-294
WEST PALM BEACH FL 33401
US

222 LAKEVIEW AVE.
SUITE 160-294
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HARRISON, CHRISTINE
SUITE 702 EAST TOWER
777 SOUTH FLAGLER DR.
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0459332

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. 199.03?
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Signature of person or persons who prepared and filed this report

Signature of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MATTHEWS, STEPHEN C.
STREET ADDRESS 5400 SHAWNEE RD. STE 100.
CITY-ST-ZIP ALEXANDRIA VA

☐ DELETE

TITLE ~~6~~
NAME KREWER, KARLA
STREET ADDRESS 777 SO. FLAGLER DR. #702 EAST
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE VP
NAME WILLIAMS, JAMES R.
STREET ADDRESS 4358 STATE ROAD
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

Secretary
Matthews, Stephen C.
5400 Shawnee Rd. Ste 100
Alexandria VA

SIGNATURE: (K)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR