

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE APRIL 1, 1995: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000001179 (8)

95 JUN 30 AM 9:44

1. Corporation Name

PENDULUM SYSTEMS COMPANY, INC.

Principal Place of Business

Mailing Address

2100 S OCEAN BLVD #303S
PALM BEACH FL 33480

2100 S OCEAN BLVD #303S
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed

3a. Date of Last Report

01/06/1994

2. Principal Place of Business

2a. Mailing Address

21

2a

4. FEI Number

Applied For

Not Applicable

65-0467292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Taxation (Check appropriate box)

☐

\$5.00 May Be
Added to Fees

24

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☒ This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, DANIEL T
2255 GLADES ROAD
ONE BOCA PLACE, SUITE 340 WEST
BOCA RATON FL 33431

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 agent (print name of registered agent and fee applicator)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: MICHAEL GOTTLIEB
STREET ADDRESS: 645 NORTH BROADWAY
CITY, ST, ZIP: UPPON, NYACIE, NY 10960

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 190.07(3)(b), 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 checked, or as an attachment with an address.

SIGNATURE:

Michael Gottlieb, PRES.
MICHAEL GOTTLIEB

6/24/95

914 358 7311

CR2E034 (3/95)