FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # POACCOMESTA?

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90033 013 ***150.00

1. Corporation	PITAL CORPORATION	000107							
Principal Place of Business Mailing Address 11883 PEBBLEWOOD DRIVE 11883 PEBBLEWOOD DRIVE						{	lete 00 314 00100	111 2) 	83103 1 00 3 1 00 3
WELLINGTON FL 33414 WELLINGTON FL 33414						Į			
						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 05/10/1994		······································	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-*	<u> </u>	olled For
1 26						65-0488597			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	I .
2 27 City & State City & State						- Final Control - Final Control			
3	——————————————————————————————————————	28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	itry		8. This corporation owes the curr	ent year Int		
4	25		30			Personal Property Tax.	3		□No
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New !	<u>kegisterea</u>	Agent	
LEOPOLD, HARRY				0, 1481118	Name				
11883 PEBBLEWOOD DRIVE			[i	82 Street Address (P.O. Box Number is Not Acceptable)					
WELLINGTON FL 33414			 	83					
			L						
			Į.	84 City		,	FL	85 Zip C	ode
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligations of the section of	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized ida Statui	by the corpo	oration	's board of directors. I hereby acce	ot the appoi	ntment as rec	istered
12,						ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
ITLE	D	☐ DELETE	1.1 TITL	.E				Change	Addition
NAME	LEOPOLD, HARRY 1.2 N		1.2 NA	Æ.	 				
STREET ADDRESS			1.3 STR	EET ADDRESS	ļ				
CITY-ST-ZIP	WEST PALM BEACH FL 33414		1.4 CIT	r-st-zip					
TITLE		☐ DELETE	2.1 TITL	E	Ì			Change	☐ Addition
NAME	المحد الشياريا أنتجابا اليا		2.2 NAM	AE .	·	· · · · · · · · · · · · · · · · · · ·			· \
STREET ADDRESS			2.3 STR	EET ADORESS)				}
CITY-ST-ZIP			_	Y-ST-ZIP	} -			☐ Change	Addition
TITLE	•	☐ DELETE	3.1 TITL		<u> </u>			[_] Change	7) Addition
NAME	*		3.2 NAA						
STREET ADDRESS				EET ADDRESS			,		
CITY-ST-ZIP	 	DELETE	4.1 TITL	Y-ST-ZIP	 			Change	Addition
NAME			4. 2 NA		1	•		_ ,	-
STREET ADDRESS				EET ADDRESS)	•			}
CITY-ST-ZIP	·			Y-ST-ZIP	,				}
TITLE		☐ DELETE	5.1 ππ			,	`	Change	Addition
NAME			5.2 NAA	ΛE	ļ				ſ
STREET ADDRESS	·		5.3 STR	EET ADDRESS	(}
CITY-ST-ZIP			5.4 CIT	r-ST-ZIP		,			
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mac		DELETE	6.1 TIT		ł			Change	Addition i
NAME		☐ DELETE	6.2 NAA					Change	Addition }

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 of 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 anyaddress, with all other like empowered.

SIGNATURE:

561-790-1479