

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000048130 (6)

1. Corporation Name

PCF DEVELOPMENT CORPORATION

Principal Place of Business

1801 W MARION AVE
SUITE 103
PUNTA GORDA FL 33950
US

Mailing Address

1801 W MARION AVE
SUITE 103
PUNTA GORDA FL 33950-5277
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KONIDES, JIM
1801 W MARION AVE
SUITE 103
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0503757

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

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS ANGIUOLI, RALPH
CITY-ST-ZIP 908 SHADOWMERE CR
WINSTON-SALEM NC

TITLE ☐ DELETE

NAME EVST
STREET ADDRESS ANGIUOLI, JR. R
CITY-ST-ZIP 604 RITTENHOUSE CT.
WINSTON-SALEM NC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-ST-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-ST-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-ST-ZIP

14. I do 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 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:

[Signature] 4/29/97 (910) 778 0021

FILED
May 16 1997 8:00am
Secretary of State



CR2E034 (9/96)