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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000059248 (2)**

1. Corporation Name
PG-IFX INCORPORATED

Principal Place of Business	Mailing Address
1850 LEE ROAD STE. 225 WINTER PARK FL 32789	P O BOX 98 WINTER PARK FL 32790-0098 US

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3260401 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GENTILE, PAMELA J
133 GENEVIVE DR
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Pamela J. Gentile-Aicher
82 Street Address (P.O. Box Number is Not Acceptable): 1850 Lee Rd. #225
83
84 City: Winter Park FL 85 Zip Code: 32789

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GENTILE, PAMELA J		1.2 NAME	Pamela Gentile-Aicher	
STREET ADDRESS	~~524 SUN VALLEY VILLAGE STE.~~ P.O. Box 98		1.3 STREET ADDRESS	P.O. Box 98	N/A
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32714~~ Winter Park Fl. 32790		1.4 CITY-ST-ZIP	Winter Park, Fl. 32790	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GENTILE, KRISTENE		2.2 NAME		
STREET ADDRESS	P. O. BOX 98 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	~~Dean Aicher~~	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	~~P.O. Box 98~~		3.2 NAME	Dean Aicher	
STREET ADDRESS			3.3 STREET ADDRESS	P.O. Box 98	N/A
CITY-ST-ZIP	~~Winter Park Fl. 32790~~		3.4 CITY-ST-ZIP	Winter, Park, Fl. 32790	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] 4/24/97 407-740-8005