PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000066168

1. Corporation Name

PEGASUS ENGINEERING SERVICES, INC.

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Principal Place	of Business	M	ailing Address						101	IBII UEIII 8	JII) BBIII 6	#10 4 111	. 41181 111		
13205 U.W. HWY ONE			13205 US HWY ONE												
SUTE 542			SUITE 542					DO NOT WRITE IN THIS SPACE							
JUNO BEACH FL 33408 JUNO BEACH FL US US			NO BEACH FL 33408	FL 33408				3. Date Incorporated or Qualifed							
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2. Principal Pla	ace of Business	2a.	. Mailing Address				4	, FEI Numb					1	pplied Fo	or
21		26	_					65-0531	<u>9</u> 81					lot Applic	able
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.	<u> </u>			5	. Certifcate	of Status F	Desired			•	Addition	ıal
22		27												Required	
City & State		ļ.,	City & State				6	Election C		-				May Be	
23		28						Trust Fund					_	to Fees	
— Zip	Country	-	Zip		untry		8	 This corporate Personal F 			rent year	ntang C	Yes	□No	Ì
24	9, Name and Address of Curre	29	stored Agent	30	1		10). Name and			Register				
-	9. Name and Address of Curre	nt Regis	stered Agent		81	Name		y, realite univ	7001000	0. 11011	togioto.	55.73			
EASO	ON, LINDA														
	5 US HWY ONE				82	Street A	Address ((P.O. Box Nu	mber is No	ot Accept	able)				
SUITE	E 542				83					i					
JUNC	D BEACH FL 33408							•							
					84	City					F	≓L Ì	85 Zij	Code	
11. Pursuant to	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Sta	atutes, the a	above	e-named o	corporation	on submits th	nis stateme	ent for the	purpose	of ch	anging i	ts registe	red
office or re	o the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Flori	da. Such chande wa	is autnorize	ia ov	the corpo	oration's t	board of dire	ctors. I her	eby acce	pt the ap	pointn	nent as	registere	a
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

TREASURER

SIGNATURÉ:

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90275 019 ***150.00

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