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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400085006

1. Corporation Name

THE BY PCP INC

FILED
Mar 05, 1999 8:00 am
Secretary of State
03 05 1000 00062 049 ***150 00

	7 OI , NO.							
Principal Place	e of Business	Mailing Address					INI CACAS ACIDS MAIS	A6110 A111 1891
C/O PINO 2101 W ATLANTIC BLVD. 2990 S. ORLANDO DR. POMPANO BEACH FL 33069 SANFORD FL 32771 US) 69			DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed 11/18/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-3282165	 	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
Zip	Country	Zip Zip	Coul	ntry		Trust Fund Contribution 8. This corporation owes the current year	Added I	o Fees
24	· 25	29	30			Personal Property Tax.	☐ Yes	□No
<u></u>	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	ed Agent	
	neren		ì	81 1	Name			
PINO, PETER 2101 W ATLANTIC BLVD			i	82 Street Addre		ss (P.O. Box Number is Not Acceptable)		•
POM	IPANO BCH FL 33069			83				
			ļ	}	City	ration submits this statement for the purpose		
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statu	ites.	gnature required v			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 10					
NAME	PINO, PETER			LE	ļ		Change	☐ Addition
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CITY-ST-ZIP	ZIOI II MIGUILIO DEID.		1.2 NA		DORESS		Change	☐ Addition (
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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 of visitee 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.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR