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FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000024971 (0)

1. Corporation Name

PIONEER SALES AND MARKETING, INC.



Principal Place of Business

Mailing Address

27 NORTHWEST 45TH AVENUE, #112
DEERFIELD BEACH FL 33442

27 NORTHWEST 45TH AVENUE, #112
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

65-0570395

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9440 Richmond Circle

26 9440 Richmond Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BOCA RATON FLORIDA

28 BOCA RATON FLORIDA

Zip

Country

Zip

Country

24 33434

25 Palm Beach

29 33434

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINKEL, LORRAINE A
27 NORTHWEST 45TH AVENUE, #112
DEERFIELD BEACH FL 33442

81 Name

Lorraine A. Finkel

82 Street Address (P.O. Box Number is Not Acceptable)

9440 Richmond Circle

83

84 City

BOCA RATON

FL

85 Zip Code
33434

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 ☐ DELETE
NAME D
STREET ADDRESS FINKEL, LORRAINE A
CITY-ST-ZIP 27 NORTHWEST 45TH AVENUE, #112
DEERFIELD BEACH FL 33442

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Lorraine A. Finkel
1.3 STREET ADDRESS 9440 Richmond Circle
1.4 CITY-ST-ZIP BOCA RATON, FL. 33434

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Cheryl C. Baran
2.3 STREET ADDRESS 4911 SW 11th Circle
2.4 CITY-ST-ZIP MARGATE, FL. 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)