

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000034318 (2)**

1. Corporation Name  
**PECOSA, INC.**

Principal Place of Business

**ROSSE, NANCY**  
**5811 PELICAN BAY BLVD. SUITE 207**  
**NAPLES FL 34108**  
**US**

Mailing Address

**ROSSI, NANCY**  
**5811 PELICAN BAY BLVD. SUITE 207**  
**NAPLES FL 34108-2710**  
**US**



3. Date Incorporated or Qualified  
**05/02/1995**

3a. Date of Last Report  
**06/20/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

**APPLIED FOR 65-0670836**

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

9. Name and Address of Current Registered Agent

**MAYR, KARL**  
**5811 PELICAN BAY BLVD.**  
**SUITE 207**  
**NAPLES FL 34108**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**D MAYR, KARL**  
STREET ADDRESS  
**5811 PELICAN BAY BLVD. SUITE 207**  
CITY - ST - ZIP  
**NAPLES FL 33983**

TITLE ☐ DELETE

NAME  
**D MAYR, DORU**  
STREET ADDRESS  
**5811 PELICAN BAY BLVD. SUITE 207**  
CITY - ST - ZIP  
**NAPLES FL 33983**

TITLE ☐ DELETE

NAME  
**D MAYR, DORU**  
STREET ADDRESS  
**5811 PELICAN BAY BLVD. SUITE 207**  
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**NAPLES FL 33983**

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CITY - ST - ZIP  
**NAPLES FL 33983**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

**4/25/97**

Date

Daytime Phone #

0413408

CR2E034 (9/96)