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Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90252 013 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035491

1. Corporation Name

PGM, INC.

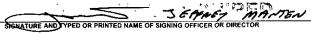
						- 11					
Principal Place	e of Business	Mailing Address			- 1	110	1611 6 8) ((4 (6)8) 81(() 82(() 8	O/11 E0111 0010			
3250 MARY STREET 3250 MARY STREET											
SUITE 301 SUITE 301						DO NOT WRITE IN THIS SPACE					
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					-	Date In	corporated or Qualifec		O OI AOL		
US		00			"	05/05		•	·		
2 Principal Pl	ace of Business	2a, Mailing Address				, FEI Nui			I A	pplied For	
_ '	lace of business	26					79859		·	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.								Additional	
22	#, 6to.	27			5	. Certifca	te of Status Desired		*****	equired	
City & State	a	City & State			6	Flection	Campaign Financing	· ·	\$5.00	May Be	
23	_	28			"	-	und Contribution			to Fees	
Zip	Country		untry		8	This co	rporation owes the cur	rent year Ir	ntangible		
24	25	29 30			Personal Property Tax. Yes No						
[27]	9. Name and Address of Current				10	. Name	and Address of New	Registered	Agent		
			81	Name							
MAN	ITEN, JEFFREY M		82	Ct		D.O. D	Number is Not Accept	labla)			
3250 MARY ST.				Street	Address (P.U. BOX	Number is Not Accep	iane)			
SUIT	E 301		83					·			
coc	ONUT GROVE FL 33133								11		
			84	City				FI	85 Zip	Code	
11 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes, the	above	e-named	corporation	n submit	s this statement for the	purpose o	of changing it	s registered	
l office or re	egistered agent, or both, in the State o	f Florida. Such change was authorize	ару	tne corpo	oration's l	oard of d	irectors. I hereby acce	pt the appo	ointment as r	egistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida Sta	tutes								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registere	d Ager	t eignoture n	anulrad wher	remetation)		DATE		\	
12.	OFFICERS AND		_	i signatore	equiled wile		NS/CHANGES TO O		ND DIRECT	ORS IN 12	
TITLE	P		TTLE		P/D				Change	Addition	
NAME	•	-	AME		175	N 1/15	LAWREN	CE			
	PLAVE, LAWRENE S			ADDDCCC	PLA	446)	E-HORDIN				
STREET ADDRESS	OZOO MPATT OTTLETT, GOTTE GOT		1.3 STREET ADORESS 1.4 CITY-ST-ZIP								
CITY-ST-ZIP	COCOCNUT GROVE FL			2.1 TITLE					☐ Change	Addition	
TITLE	V ALANA	—	AME							_	
NAME	GOLDBERG, ALAN L										
STREET ADDRESS	OZOO MATT OTTLET, OUTE OUT		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP								
CITY-ST-ZIP	00001101 011012 12			T- ZIP					☐ Chánge	Addition	
TITLE	V				V/D						
NAME	MANTEN, JEFFREY M	1	IAME							Į	
STREET ADDRESS	3250 MARY STREET, SUITE 301			ADDRESS							
CITY-ST-ZIP	COCOCNUT GROVE FL		CITY-S	T-ZIP					[] (h	☐ Addition	
TITLE			TITLE						Change	☐ Addition	
NAME		4. 2	NAME								
STREET ADDRESS		4.3	STREET	ADDRESS							
CITY-ST-ZIP			CITY-S	t-ZIP	ļ <u>.</u>						
TITLE			TITLE						Change	☐ Addition	
NAME			AME							Î	
STREET ADDRESS				ADDRESS						ļ	
CITY-ST-ZIP			CITY-S	T- ZIP							
7177 -											
TITLE			TITLE NAME		-				Change	Addition	

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP



305-444-6658