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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035902 (2)

## FILED Jan 22 1998 8:00am Secretary of State

PEM BELL ENTERPRISES, INC. Principal Place of Business Mailing Address 9931 S.W. 14TH STREET 9931 S.W. 14TH STREET PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 65-0588328 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 28 Trust Fund Contribution Added to Fees Zip Country itry 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HUMPHREYS, LOUIS E W 9931 S.W. 14TH STREET Street Address (P.O. Box Number Is Not Acceptable) 82 PEMBROKE PINES FL 33026 83 84 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1.1 TITLE HUMPHREYS, LOUIS E NAME 1.2 NAME 9931 S.W. 14TH ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33025 CMY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HUMPHREYS, DOREEN E NAME 2.2 NAME 9931 S.W. 14TH ST. STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE MAGNUS, GARY NAME 3.2 NAME 10282 SW 9TH LN STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change \_\_\_ Addition TITLE 4.1 TITLE HUMPHYREYS, WAYNE NAME 4. 2 NAME 9931 SW 14TH STREET STREET ADDRESS 4.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Addition Change TITI F 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

and Chirt Cap ! 117757

Jan. 8, 1998