

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

1996 3-1896

B-2348

OFFICE OF CORPORATIONS

C

DOCUMENT # P95000052092 (0)

1. Corporation Name

PELORUS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

790 E. BROWARD BLVD.  
SUITE 302  
FT. LAUDERDALE FL 33004

790 E. BROWARD BLVD.  
SUITE 302  
FT. LAUDERDALE FL 33004

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4200 Community Drive

26 c/o Acctg. & Business Conslts.

4. FEI Number

65-0591885

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #406

27 790 E. Broward Blvd. #302

City & State

City & State

23 West Palm Beach, Fl

28 Ft. Lauderdale, Fl

Zip

Country

Zip

Country

24 33409

25 USA

29 33301

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCAFFEE, MICHAEL L  
4200 COMMUNITY DRIVE  
#406  
W PALM BEACH FL 33409

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 607.1503, 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 fee, if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

MCAFFEE, MICHAEL L

STREET ADDRESS

4200 COMMUNITY DRIVE #406

CITY- ST- ZIP

W PALM BEACH FL 33409

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

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☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Michael L McAfee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L MCAFFEE

*11 MAR 96 407 640-7619*

DATE

DAYTIME PHONE #

CR2E034 (12/95)