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CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055935 (7)

PACESETTERS NETRALL INC

PAOLOCITCHO HEIDALL, INC	•
Principal Place of Business	Mailing Address
2916 RIVER RUN CIRCLE WEST	P O BOX 552422

FILED Apr 02 1997 8:00am Secretary of State



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Principal Place		Mailing Address		1 (49) (10) (10) (11) (11) (11) (11) (11) (11	MAINL BLIGH Arren 1818 6 fft	D2 QC(C 1881
8916 RIVER RUN CIRCLE WEST MIRAMAR FL 33025		P O BOX 552422 Miramar Fl 33055-0422 Us				
				3. Date Incorporated or Qualified 07/19/1995	3a. Date of Last 05/01/1996	Report
<u> </u>	ace of Business	2a. Mailing Address PO	Box 55242	2 4, FEI Number		pplied For
21		[26]		65-0610752		ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State		City & State				loquired
23	•	28 MIAMI, FL.		6. Election Campaign Financing Trust Fund Contribution		May Bo to Fees
Zip:	Country	Zip	Country	This corporation has hability for it.		
24	25	29 3 3 0 5 5 - 0 4 2 2 3	0 U.S.A	Florida Statutos	Yos ATNo	J. 105.007 ,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent	
BAIL	EY, GRACE		81) Name			
	RIVERRUN CIRCLE WEST		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	MAR FL 33025					
			83			
•		T.	84 City		85 Zip	Code
office or re agent. I ar	egistered agont, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was au ions of, Section 607.0505, Flori	thorized by the corpo da Statules.	orporation submits this statement for the p ration's board of directors, I hereby accep	I the appointment as	s registered
SIGNATURE	Clearther, hund or winted pause of rock tour discount	made the it made at the AMOTE	Etanishawa Angal cinest to to	outed when rejectative)	- DAH	
SIGNATURE	Signature, typed or printed name of registered agest OFFICERS AND		Registered Agent signature rea		DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or period name of registered agent OF FICE RS AND		Firgistered Agent signature real	Quired when reinstaling) ADDITIONS/CHANGES TO OFFIC P		
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SIGNATURE 12. TITLE NAME STREET ADDRESS	P BROWN, SONIAMAE 300 NE 191 ST #202	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition
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Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of lam 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.

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