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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061565 (4)

1. Corporation Name
PT STRATEGIES CORPORATION



Principal Place of Business

1840 B LINTON LAKE DR
SUITE 202
DELRAY BEACH FL 33445
US

Mailing Address

1840 B LINTON LAKE DR
SUITE 202
DELRAY BCH FL 33445-6824
US

2. Principal Place of Business

21 9 SEWALL AVE #114
Suite, Apt. #, etc.

22 City & State
23 BROOKLINE, MA

24 Zip 02146 25 Country

2a. Mailing Address

26 2050 E. OAKLAND PK BLVD
Suite, Apt. #, etc.

27 202
28 FORT LAUDERDALE, FL
City & State

29 Zip 33306-1121 30 Country

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report
04/23/1996

4. FEI Number

65-0602017

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

SHOEMAKER, RICHARD L
2050 EAST OAKLAND PARK BLVD.
SUITE 202
FT. LAUDERDALE FL 33308

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 D YBANEZ, CECIL S
NAME 1840 B LINTON LAKE DR
STREET ADDRESS DELRAY BEACH FL
CITY-ST-ZIP

☒ DELETE

TITLE D LOGIN, STEVEN H
NAME 1840 B LINTON LAKE DR
STREET ADDRESS DELRAY BEACH FL
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

PID



Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

✓ 9 SEWALL AVE #114

✓ BROOKLINE, MA 02146

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change ☐ Addition

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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 12/24/97 ✓ 617 788-7848

CR2E034 (9/96)