FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISCH OF STREET IONS **DOCUMENT #** P95000065054 (5) THE PLEIGH GROUP, INC. Principal Place of Business Mailing Address 12084 SW 117 TERRACE 12084 SW 117 TERRACE MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 2. Principal Place of Business 2a. Mailing Address 21 Applied For 26 65-0651818 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc 22 5. Certificate of Status Desired \$8.75 Additional 27 \Box City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution \Box Added to Fees Z_{Ω} Country 8. This corporation has liability for intangine tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☑ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBINSON, MARK A 82 Street Address (P.O. Box Number is Not Acceptable) 12084 SW 117 TERRACE MIAMI FL 33188 83 84 City 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code SIGNATURE Signature, typed or printed nume of rog store diagont and the order or and IN TE Regulated Agest signature required when renal proper 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) THEF DELETE I TILE Change Add tion NAME ROBINSON, MARK A 1.2 NAME STREET ADDRESS 12084 SW 117 TERRACE 1.3 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33186 14 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME ROBINSON, MARY B 2 2 NAME STREET ADDRESS 12084 SW 117 TERRACE 2.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** 2.4 C/TY - \$T - 2iP TITLE DELETE 3 1 TITLE ☐ Change NAME ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - \$1 - ZIF TITLE DELETE 4 : INLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - 7IP TITLE DELETE 5 1 THE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4.011Y - \$1 - ZIP TITLE DELETE 6 1 TITLE NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 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 supplied entire that I am an officer or director of the corporation or this receiver or trustee enjoyered 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 64 CITY - ST ZIP MARIL A. ROBINSOS 4.28-94 305/284-4662