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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000081814 (2)

PENTAS DEVELOPMENT CORPORATION

Principal Place		Mailing Address	Mailing Address 7200 NORTHWEST 4TH AVENUE BOCA RATON FL 33487							
BOCA RATO	West 4th Avenue N FL 33487									
	74.11×0					3. Date incorporated or Qualified 10/25/1995	3a. Date	of Last F	Report	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For		
21 Suite, Apt.	# etc	Suite, Apt. #, etc.						Not Applicable		
22		27	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country		Zip				8. This corporation has liability for intangible tax under s 199.032,				
24	25] 9. Name and Address of Curr	29 rent Pagistared Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	S. Name and Address of Cum	rent negistered Agent	81	īΤī	lame	10. Name and Address of New H	egistereo A	gent		
THELA	W FIRM OF LAWRENCE J SPI	CAEL CHOTTO								
	AFRIA AVENUE	EGEL CHRID	82	2 S	treet Addr	ddress (P.O. Box Number is Not Acceptable)				
	GABLES FL 33134		63	1						
CONTE	CHARLES I E GO IOT		-	<u>. L</u>				1		
			84	1	ity		FL	85 Z	tip Code	
or registe	to the provisions of Sections 607.05 red agent, or both, in the State of Fl ith, and accept the obligations of, So	onda. Such change was authorizi	ed by the corp	nam Dora	ned corpor tion's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of cha pintment as	nging its registered	registered office d agent. I am	
SIGNATORIE	Signature, typed or printed name of registered ac	gent and otte if applicable (NO	TE Registered Age	all sig	nature required	d when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PSTD	☐ DELETE	1. 1 TITLE] Change	Addition	
NAME	BETHMANN, NICHOLAS G	- M 4-	1.2 NAME							
STREET ADDRESS	7200 NORTHWEST 4TH AV	ENUE	1.3 STREET ADDRESS		į					
CITY-ST-ZIP TITLE	BOCA RATON FL 33487	☐ DELETE	1.4 CITY - ST - ZIP		P			1 Change	T Addition	
NAME	ليا مور		2 1 TITLE 2 2 NAME				L] Change	☐ Addition	
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-1							
TITLE		☐ DELETE	3 1 TITLE		<u></u>			Change	☐ Addition	
NAME		_	3.2 NAME				_			
STREET ADDRESS			33 STREE	ET AD(DRESS					
CITY - ST - ZIP			3.4 CITY - 5	ST-21	Р					
TITLE	☐ DELETE			4 1 TITLE				Change	☐ Addition	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREE	OGA T	RESS					
CITY-ST-ZIP			4.4 CITY-5	4.4 CITY - ST - ZIP						
TITLE				5 1 TITLE] Change	Addition	
NAME			5 2 NAME		ļ					
STREET ADDRESS			53 STREET		- 1					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - S		P			1 Channi	[] A330	
NAME			6 1 TITLE				L) Change	Addition Addition	
STREET ADDRESS			6.2 NAME	T 400	ncee					
CITY-ST-ZIP			6 3 STREET							
14. 1 do herek	i y certify that the information supplie	ed with this filing is voluntarily furni	64 CITY-5	es no	of qualify fo	or the exemption stated in Section 119.	07(3)(k) Flor	ida Stati	des Lighter	
certify that oath; that	it the information indicated on this ar	nnual report or supplemental annu rporation or ≱he receiver or trustee	ual report is tru e empowered	ue a	nd accurat	te and that my signature shall have the s report as required by Chapter 607, Flo	same legal e	effect as i	if made under	

SIGNATURE:

29/Apr/96

Bethmann

407 997-6209

Daytime Phone #

CRZE034 (12/95)