### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000081814

1. Corporation Name

### PENTAS DEVELOPMENT CORPORATION

| Principal Place of Business | Mailing Address     |
|-----------------------------|---------------------|
| 726 FORSYTH ST              | 726 FORSYTH ST      |
| BOCA RATON FL 33487         | BOCA RATON FL 33487 |
|                             |                     |
|                             |                     |

# **FILED** Feb 27, 1999 8:00 am Secretary of State

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|  |   | _  |  | <u> </u>   |  | (1811 BYB) 18 <b>8</b> 1                |  |
|--|---|--|--|--|--|---|--|
| Principal Plac   | e of Business   | Mailing Address  |  |  |  |   |  |
| 726 FORSYTH ST 726 FORSYTH ST BOCA RATON FL 33487 BOCA RATON FL 33487                            |   |  |  | DO NOT WRITE IN THE  | SDACE  |   |  |
|  |   |  |  | 3. Date Incorporated or Qualified  | DO NOT WRITE IN THIS SPACE                     |   |  |
|  |   |  |  | 10/25/1995   |  | Í                                       |  |
| 2 Principal P  | Place of Business   | 2a. Mailing Address  | •                                      | 10/23/1993<br>4. FEI Number  | Anr  | olied For                               |  |
| — ·  | Tace of Business  | — ·  |  |  | 1 1 1 1 1 1                                    | Applicable                              |  |
| 21 Puito Ant   | #   | Suite, Apt. #, etc.  |  | 65-0614872   | \$8.75 A                                       |   |  |
| Suite, Apt.  | #, etc.   | · ·  |  | 5. Certifcate of Status Desired  |  | puired ====                             |  |
| 22 City & Stat   | 0   | City & State   |  | a Flatian Compaign Financing   | \$5.00   |   |  |
|  | <del>.</del>  | 28   |  | 6. Election Campaign Financing Trust Fund Contribution   | Added to                                       |   |  |
| <b>23</b> Zip  | Country   | Zip  | Country                                | This corporation owes the current year Int   |  | -                                       |  |
| 24   | 25  | 29 3   | ¬ ·                                    | Personal Property Tax.   |  | □No                                     |  |
| 24   | 9. Name and Address of Curren   |  | <u> </u>                               | 10. Name and Address of New Registered   | Agent  |   |  |
|  | 3. Hamballa Flouriss 3. College   |  | 81 Name                                |  |  |   |  |
| BETT   | HMANN, NICHOLAS G   |  | <u> </u>                               | Vicholas G. Bethman  | <u>n</u>                                       |   |  |
|  | NW 4TH AVE  |  | 82 Street Add                          | dress (P.O. Box Number is Not Acceptable)  |  |   |  |
|  | A RATON FL 33487  |  | 83                                     | 6 FOISYTH MITTEL   |  |   |  |
|  |   |  |  |  |  |   |  |
|  |   |  | 84 City B                              | oca Ration FL  |  | 487                                     |  |
| 11. Pursuant   | to the provisions of Sections 607.0502  | 2 and 607.1508, Florida Statutes                                       | , the above-named cor                  | poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin   | changing its r                                 | registered                              |  |
| office or r  | egistered agent, or both, in the State of m familiar with, and accept the obligat | or Florida. Such change was auti<br>tions of, Section 607.0505, Florid | nonzed by the corporat<br>la Statutes. | tion's board of directors. Thereby accept the appoin   | 1 a  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|  | 1.1 months  |  |  | 25 Jan   | 19   |   |  |
| SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Re |   |  | egistered Agent signature requi        |  | 1  |   |  |
| 12.  | OFFICERS AN   |  | 13.                                    | ADDITIONS/CHANGES TO OFFICERS AN   |  |   |  |
| TITLE  | PSTD  | ☐ DELETE   | 1.1 TITLE                              |  | Change   | Addition                                |  |
| NAME   | BETHMANN, NICHOLAS G  |  | 1.2 NAME                               |  |  |   |  |
| STREET ADDRESS 7200 NORTHWEST 4TH AVENUE   |   | 1.3 STREET ADDRESS   | •                                      |  |  |   |  |
| CITY-ST-ZIP  | BOCA RATON FL 33487   | ·  | 1.4 CITY-ST-ZIP                        | to a second seco |  |   |  |
| TITLE  |   | ☐ DELETE   | 2.1 TITLE                              |  | ☐ Change                                       | ☐ Addition                              |  |
| NAME   |   |  | 2.2 NAME                               |  |  |   |  |
| STREET ADDRESS   |   |  | 2.3 STREET ADDRESS                     |  |  | .                                       |  |
| CITY-ST-ZIP  |   |  | 2. 4 CITY-ST-ZIP                       |  |  |   |  |
| TITLE  |   | ☐ DELETE   | 3.1 TITLE                              | •  | ☐ Change                                       | ☐ Addition                              |  |
| NAME   |   |  | 3.2 NAME                               |  |  | ļ                                       |  |
| STREET ADDRESS   |   |  | 3.3 STREET ADDRESS                     |  |  | .                                       |  |
| CITY-ST-ZIP  |   |  | 3.4. CITY-ST-ZIP                       |  |  |   |  |
| TITLE  |   | ☐ DELETE   | 4.1 TITLE                              |  | ☐ Change                                       | ☐ Addition                              |  |
| NAME   |   |  | 4. 2 NAME                              |  |  |   |  |
| STREET ADDRESS   |   |  | 4.3 STREET ADDRESS                     |  |  |   |  |
| CITY-ST-ZIP  |   |  | 4.4 CITY-ST-ZIP                        |  | <u>,                                      </u> |   |  |
| TITLE  |   | ☐ DELETE   | 5.1 TITLE                              |  | Change   | ☐ Addition                              |  |
| NAME   |   |  | 5.2 NAME                               |  |  |   |  |
| STREET ADDRESS   |   |  | 5.3 STREET ADDRESS                     |  |  |   |  |
|  |   |  |  |  |  | 1                                       |  |
| CITY-ST-ZIP  | •   |  | 5.4 CITY-ST-ZIP                        |  |  |   |  |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE   | 5.4 CITY-ST-ZIP<br>6.1 TITLE           |  | ☐ Change                                       | Addition                                |  |
|  |   | ☐ DELETE   |  |  | ☐ Change                                       | Addition                                |  |
| TITLE  |   | ☐ DELETE   | 6.1 TITLE                              |  | Change   | Addition                                |  |

14. I 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 all address, with all other like empowered.

SIGNATURE:

25 Jan 99