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

Mailing Address 8020 114TH AVENUE NO

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083217 (6)

PACE TECHNOLOGY, INC.

Principal Place of Business

8020 114TH AVENUE NORTH

LARGO FL 34843 US 2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 1		
		├─¬ ~					
21	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26			59-3352455		Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ite	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Co	untry	8. This corporation has liability for in	ntangible tax under s.	199.032,
24	25	29	30			Yes No	
	9. Name and Address of Cu	rrent Registered Agent		T	10. Name and Address of New Re	pistered Agent	
WAI	LSH, NUGENT M			61 Name			
2123 N.E. COACHMAN ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE B							
CLEARWATER FL 34625				83			
				84 City		85 Zip C	000
					poration submits this statement for the p	FL 3	
agent. I SIGNATURE	am familiar with, and accept the o			atutes. ad Agent signalure recui	red when reinstaling)	DATE	·
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12
HILE	P	☐ DE	LETE 11	TITLE		Change	Addition
NAME	PACE, BEN		1.2	NAME			
STREET ADDRESS	8020 114TH AVENUE NORTH SUITE 3			STREET ADDRESS			
CITY - ST - ZIP	LADOO EL			CITY-ST-ZIP			
TILE		☐ DE		TITLE		Change	Addition
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREET ADDRESS			
C(TY+ST-7IP			2.4	CITY-ST-ZIP	1		
TIDLE		☐ DE	LÉTÉ 3.1	TITLE		☐ Change	Addition
NAMé			3.2	NAME			
STREET ADDRESS			3.3	STREET ADDRESS			
City - St - ZiP			3.4	CITY-ST-ZIP			
THEF		☐ DE	LETE 4.1	TITLE		Change	Addition
NAME			4.3	NAME			
STREET ADDRESS	5		4.3	STREET ADDRESS			
CITY - ST- ZIP			4.4	CITY-ST-ZIP			

6.4 CITY-ST-ZIP CHY-ST-ZIF 14. I do hereby certify that the information sepplied 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 arguer reporter stipple hental 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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATU

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - 7IP

DELETE

DELETE

Change

Change

FILED

Apr 25 1997 8:00am

Secretary of State

Addition

Addition