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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000084204 (3)

1. Corporation Name

PLM INTERNATIONAL GROUP, INC.



Principal Place of Business

Mailing Address

18257 NW 23 AVE
4
OPALOGA FL 33056
US

18257 NW 23 AVE
4
OPALOGA FL 33056-3743
US

2. Principal Place of Business

2a. Mailing Address

21 110 Lake Emerald Dr.
Suite, Apt #, etc.

26 110 Lake Emerald Dr.
Suite, Apt #, etc.

22 # 309

27 # 309

23 Fort Lauderdale FL
City & State

28 Fort Lauderdale FL
City & State

24 33309 25 USA
Zip Country

29 33309 30 USA
Zip Country

9. Name and Address of Current Registered Agent

POLYMERAS, JULIUS
18257 NW 23 AVE SUITE 4
OPALOGA FL 33056

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0617849

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

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 607.1506, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized
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 PSTD ☐ DELETE

NAME POLYMERAS, JULIUS
STREET ADDRESS 18257 NW 23 AVE SUITE 4
CITY-ST-ZIP OPALOGA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the
information indicated on this annual report or supplemental annual report is true and
I am an officer or director of the corporation or the receiver or trustee empowered to
appear 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

Julius Polymeras

Date

Daytime Phone #

(954) 714-0716

CR2E034 (9/96)