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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

ANNUAL RE	PORT	Secretary of S DIVISION OF CORPC	tate DRATIONS			
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THE PAMATIAN GROUP, INC.				HARRIER DE BONT FON THE BEN THE BONT ON THE BONT ON THE		
(D.)	0000	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
rincipal Place of Busin		6190 EDGEWATER DRIVE				
6190 EDGEWATER DRIVE ORLANDO FL 32810		ORLANDO FL 32810		3. Date incorporated or Qualified 11/06/1995	3a. Dat	te of Last Report  Applied For
		Addings.		4. FEI Number 59 - 33 43160		Not Applicable
. Principal Piace of Business		2a. Mailing Address			<u></u>	\$8.75 Additional
1 Sames	45 ABOVE	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required
Suite, Apt. #, etc.		27		6. Election Campaign Financing	r-n	\$5.00 May Be
2		City & State		l		Added to Fees
City & State		28	Country	8. This corporation has liability for	Intangible	tax under s 199.032.
3	Country	Zip 30	<b>-</b>	1.1- Osmbuton     150	<b>ு நு</b> துரு∨	
Zip 24	25	1291	1	10. Name and Address of New		
9.	25  Name and Address of Curre	ent Hedistelen Agont	81 Name -		25CH	
			82 Street Addr	ess (P.O. Box Number is Not Accept	<sup>30(0)</sup> €	+.
CORPORAT	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-registered agent, or both, in the State of Florida Such change was authorized by the corpor registered agent, or both, in the State of Florida Such change was authorized by the corporation with, and accept the obligators of, Section 607.0505. Florida Statutes.			15 CKWEISTE	·	
4201 HAVS						Zin Code
				0.1.1.	F	-L 85 32307
				otion submits this statement for the	ourpose of	changing its registered office
	feigns of Sections 607.05	502 and 607.1508, Florida Statutes,	the above-named corpo by the corporation's boo	ard of directors. Thereby accept the a	pointmen	n do registorou agossi i ass
11. Pursuant to the or registered a	gent, or both, in the State of F	lorida Such change was authorized lection 607.0505. Florida Statutes.	<b>-,</b> • ·		4/	25/9b
familiar with a	nd accept the on gallory, of o		Registered Agent signature requi	red when reinstating)	DA	AND DIRECTORS IN 12
CONTATAIDE:	at registered	gent and title it applicance.	Hogstered Age it synamics	red wheri reinstating) ADDITIONS/CHANGES TO C	)+HUERS	Change Addition
12.	OFFICERS	AND DIRECTORS DELETE	1, 1 TITLE			<del></del>
101LF	D THE THE P	L	1.2 NAME			
NAME	YOUSEF, TIMOTHY P	DEET	1.3 STREET ADDRESS			
STREET ADDRESS	5675 CHARLESTON STE	Note 1	1.4 CITY - S1 - ZIP	ar a p a special a r a (a		Change Addition
CHY-ST-ZIP	ORLANDO FL 32807	☐ DELETE	2 1 TITLE			
TITLE	D PEEPLES, MARK A		2.2 NAME .			
NAME	5875 CHARLESTON ST	reet	2.3 STREET ADDRESS			□ Change □ Additio
STREET ADDRESS	ORLANDO FL 32807		2.4 CITY-ST-ZIP			Change Additio
CITY - S1 - 7/P	OUCHION LE COLO	☐ DELETE	3. 1 TITLE	•		
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STREET ADDRESS		Prof. C.F. ETT	3.4 CITY - ST - 7IP 4 1 TITLE	Ad		C Guardo C 1000
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STREET ADDRESS		FUNCTO	6 1 TITLE			Change Co.
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6.4 CITY-S1-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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 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 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 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 certify that the information indicated on this annual report or supplemental annual report or true to execute this report as required by Chapter 607, Florida Statutes; and that my name and the same legal effect as if made under the same legal effect as if under the sa

SIGNATURE:

BIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

0062359 CP