## 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 # P95000085245

THE PAMATIAN GROUP, INC.

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90031 046 \*\*\*150.00



						_		
Principal Place	of Business	Mailing Address						11 6:861 2111 1ED1
6190 EDGEWATER DRIVE 6190 EDGEWATER DRIVE						}		
ORLANDO FL 32810 ORLANDO FL 3281						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	113 SFACE	
						11/06/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Α	Applied For
21   Tancapar 1	200 0, 20011000	<b>├</b> ── `	26			59-3343160	T	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional
27						5. Certificate of Status Desired	Fee F	Required
City & State		City & State	, City & State			6. Election Campaign Financing		May Be
23			28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country 30			<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	· Intangible ☐ Yes	□No
24	9. Name and Address of Currer	29 ant Registered Agent	30	Г		10. Name and Address of New Register		
	g. Name and Address of Control	TO TO SHOULD IN		81	Name			
YOUSEF, TIMOTHY P				82 Street Address (P.O. Box Number is Not Acceptable)				
108 LONG BRANCH RD				62 Street Add		ass (F.O. Box Humber is Not Acceptable)		
WINT	TER PARK FL 32792			83				ļ
		•		84	City		85 Zir	Code
				1 1	•	F	·L∣∤	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.								
agent. I am familliar with and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE TOURS TO THE STATE OF THE SIGNATURE								
		ent and title if applicable. (NOT ND DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D OTTIOERO AL	DELETE	1.1 T	TLE		7/25/11/01/07/01/11/10/20 1/G OTT 152/10	Change	
NAME	YOUSEF, TIMOTHY P		1.2 N	AME				
STREET ADDRESS	108 LONG BRANCH RD		1.3 S	TREET.	ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 C	ITY-ST	-ZIP	. 18,		
TITLE	D	☐ DELETE 2.11		ITLE			Change	e ☐ Addition
NAME	PEEPLES, MARK A	·		AME				
STREET ADDRESS	-		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807		_	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE	· ••• •	☐ DELETE	1			- ·		- 1
NAME				IAME TREET	ADDRESS			
STREET ADDRESS				OTY-SI				]
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 T		, s.ii		☐ Change	e Addition
NAME			4.21	NAME				}
STREET ADDRESS			4.3 9	TREET	ADDRESS			{
CITY-ST-ZIP	•		4.4 0	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 T	TTLE	ĺ		Change	e
NAME				IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST	-ZIP		Chann	e Addition
TITLE		☐ DELETE		INLE			☐ Change	e Modilioti
NAME					ADDRESS			
STREET ADDRESS				IKEEI	ľ			

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 an address, with all other like empowered.