FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000087522 (5)

1. Corporation Name

PML ENTERPRISES INC.

Principal Place of Business
1020 E LAFAYETTE ST #110
TALLAHASSEE FL 32301

Mailing Address
1020 E LAFAYETTE ST #110
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 11/15/1995

3a. Date of Last Report

2. Principal Place of Business
21 3225 RAIN VALLEY CIRCLE
Suite, Apt. #, etc.
22
City & State
23 TALLAHASSEE, FL
Zip
24 [crossed out] 32308 25 Country LEON

2a. Mailing Address
26 3225 RAIN VALLEY CIRCLE
Suite, Apt. #, etc.
27
City & State
28 TALLAHASSEE, FL
Zip
29 32308 30 Country LEON

4. FEI Number: 59-3346783 ☐ 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

9. Name and Address of Current Registered Agent

PETER, PHILIP R
1020 E LAFAYETTE ST #110
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: PETER, PHILIP R.
82 Street Address (P.O. Box Number is Not Acceptable): 3225 RAINVALLEY CIRCLE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32308

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.

SIGNATURE [signature] PHILIP R. PETER 4/24/96
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	PRESIDENT	☐ DELETE
NAME	* PHILIP R. PETER	
STREET ADDRESS	3225 RAINVALLEY CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VICE PRESIDENT	☐ DELETE
NAME		
STREET ADDRESS	* SAME	
CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE
NAME		
STREET ADDRESS	* SAME	
CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE
NAME		
STREET ADDRESS	* SAME	
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 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	800001796908	
5.1 TITLE	-04/26/96--01100--001	☐ Change ☐ Addition
5.2 NAME	***200.00	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: [signature] PHILIP R PETER 4/7/96 878-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/26/96