## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089315 (2) THE PEGASUS GLOBAL CORPORATION					
Principal Plac	e of Business	Mailing Address			184 18116 (6168 1118) (1881 811) (861
3885 U. S. HIGHWAY 98. SOUTH		3885 U. S. HIGHWAY 98. SOUTH			
LAKELAND FL	33813	LAKELAND FL 33813		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2s. Mailing Address				11/20/1995 4. FEI Number	Applied For
21		26		59-3333151	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27   City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Currer	29   nt Registered Agent	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
DE I	LEON, LUIS E		81 Name		
3885	5 U. <b>S.</b> HIGHWAY 98, SOUTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33813					····
			83		
			84 City	F	85 Zip Code
11. Pursuan	to the provisions of sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-named corp	pration submits this statement for the purpose of	changing its registered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change wa ations of, section 607.0505,	as authorized by the corporal Florida Statutes.	tion's board of directors. I hereby accept the ap-	pointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent and title if applicable. (NO OFFICERS AND DIRECTORS		(NOTE: Registered Agent signature re-	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	1 660	DELETE	1.1 TITLE		Change Addition
NAME	DE LEON, LUIS		1.2 NAME		
STREET ADDRESS	5882 CREST LN LAKELAND FL 33813		1.3 STREET ADDRESS		
CITY-ST-ZIP	Parsiden +	Delete	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	RADTKE, Robert		2.2 NAME		Citarige Addition ;
STREET ADDRESS	>AMC		2.3 STREET ADDRESS		ì
CITY-ST-ZIP	-		2.4 CITY-ST-ZIP	<u> </u>	
TITLE NAME	Scenetary /Administra Donalson, Jane	. ₩r DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	VONALSON, JANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	Sam &		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		ĺ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CITY-ST-ZIP		
TITLE NAME		L DELETE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		l
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 suppliemental annual leport 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 by the receiver of 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.