

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90037 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000000825

1. Corporation Name
PEWTER PARLOUR, INC.



Principal Place of Business 5143 SOUTH UNION DRIVE DAVIE FL 33328 US	Mailing Address 5143 S UNIVERSITY DRIVE DAVIE FL 33328 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/26/1995	
4. FEI Number 65-0640721	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

2. Principal Place of Business 21 2719 PINEHURST DRIVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 2719 PINEHURST DRIVE Suite, Apt. #, etc. 27
City & State 23 Ft. LAUDERDALE, FL Zip 33332 Country 25	City & State 28 Ft. LAUDERDALE, FL Zip 33332 Country 30

9. Name and Address of Current Registered Agent BARBAKOFF, MARC L ESQUIRE 2450 N.E. MIAMI GARDENS DRIVE MIAMI FL 33180	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>83</td></tr><tr><td>84 City FL 85 Zip Code</td></tr></table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City FL 85 Zip Code
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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FINKELSTEIN, JAY 2719 PINEHURST DRIVE FT. LAUDERDALE FL 33332 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)