

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90031 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000003336**

Corporation Name
PFEIFFER, INC.

Place of Business Mailing Address
GALENA PLACE 13514 GALENA PLACE
FL 33626 TAMPA FL 33626



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1996	
4. FEI Number 59-3353697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
26	26
Apt. #, etc.	Suite, Apt. #, etc.
27	27
City & State	City & State
28	28
Country	Zip
25	29
Country	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PFEIFFER, GARY 13514 GALENA PLACE TAMPA FL 33626		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	D PFEIFFER, GARY 13514 GALENA PLACE TAMPA FL 33626	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		1.2 NAME
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)