

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

FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010164 (7)

1. Corporation Name

PA DIRECT MANAGEMENT, INC.

Principal Place of Business

6091 JOHNS ROAD  
SUITE 1 & 2  
TAMPA FL 33634

Mailing Address

6091 JOHNS ROAD  
SUITE 1 & 2  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/31/1996

4. FEI Number

59-3358197

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 6089 Johns Road

26 6089 Johns Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 12

27 Suite 12

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33634

25 USA

29 33634

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APALISKI, PETER  
6091 JOHNS ROAD  
SUITE 1 & 2  
TAMPA FL 33634

81 Name

PETER APALISKI

82

Street Address (P.O. Box Number is Not Acceptable)

6089 JOHNS ROAD

83

SUITE 12

84

TAMPA FLORIDA

FL

85

Zip Code

33634

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

 PETER APALISKI - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/>	DELETE
NAME	APALISKI, PETER		
STREET ADDRESS	6091 JOHNS ROAD, SUITE 4		
CITY-ST-ZIP	TAMPA FL 33634		

TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/>	DELETE
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STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				

2.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				

3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				

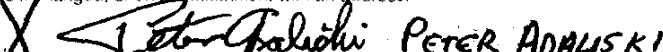
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				

5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				

6.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME				
6.3 STREET ADDRESS				
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 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:

 PETER APALISKI

3-17-98

Date

CR2E034 (10/97)