

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036922 (8)**

1. Corporation Name
PYRAMID OF KNOWLEDGE, INC.

FILED

97 JUL 18 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3909 NORTH OCEAN DRIVE
#210
FT. LAUDERDALE FL 33308**

Mailing Address
**3909 NORTH OCEAN DRIVE
#210
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business
21 **1391 S. Ocean Blvd**
Suite, Apt. #, etc.
22 **#501**
City & State
23 **Pompano Beach FL**
Zip
24 **33062** Country
25 **USA**

2a. Mailing Address
26 **1391 S. Ocean Blvd**
Suite, Apt. #, etc.
27 **#501**
City & State
28 **Pompano Beach FL**
Zip
29 **33062** Country
30 **USA**

4. FEI Number
65-0662749

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BEAMER, WILLIAM D PA
1290 EAST OAKLAND PARK BLVD.
SUITE 101
FT. LAUDERDALE FL 33334**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOFFER, DEBORAH	
STREET ADDRESS	3909 NORTH OCEAN DRIVE SUITE 210	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
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
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Soffer Deborah	
1.3 STREET ADDRESS	1391 S. Ocean Blvd #501	
1.4 CITY-ST-ZIP	Pompano Beach FL 33062	
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 do 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (4/97)

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July 15, 1997

Division of Corporation
ATTN: Annual Report Dept.
P. O. Box 6327
Tallahassee, FL 32314

RE: Document # P96000036922 (8)
PYRAMID OF KNOWLEDGE, INC.
CORPORATE ANNUAL REPORT 1997

To Whom it May Concern: .

Enclosed is the Corporate Annual Report Packet marked 2nd notice. I have made the corrections for the address change.

I called the 904-488-9000 today and was told to send this to you with a check for \$165.00.

Apparently, after I moved in October of 1996, the original form was return to sender, not forwarded to me. As you can see by the Federal Tax Returns, I have not yet gotten off the ground. Therefore, I was not aware any fees were due of this sort.

Please accept my payment as the Corporation Annual Report filing fee.

If you have any further questions, please contact me at 954-946-1418.

Thank you.

Sincerely yours,



Deborah Soffer, M.S.
Enclosures