

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

FILED

Feb 02 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 # **P96000064509**

1. Corporation Name

Pleiadian International Inc.

Principal Place of Business

Mailing Address

**24 Cathedral Place, Suite 406
St. Augustine, FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

August 1, 1996

4. FEI Number

65-073-5971

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Jay D. Mussman
5881 N.W. 151 Street, #101
Miami Lakes, FL 33014**

81 Name

Jacqueline K Sartor

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

24 Cathedral Place, Suite 406

83

84 City

St. Augustine

FL

85 Zip Code

32084

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 **Jacqueline K Sartor**

Jackie Sartor

Jan. 15, 1998

Signature of person or persons authorized to register agent and file this statement

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☐ DELETE
NAME **Jacqueline K Sartor**
STREET ADDRESS **24 Cathedral Place, Suite 406**
CITY- ST- ZIP **St. Augustine, FL 32084**

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **Kimberley M Lopez**
1.3 STREET ADDRESS **24 Cathedral Place, Suite 406**
1.4 CITY- ST- ZIP **St. Augustine, FL 32084**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Nicole Michelle Anne Sartor**
2.3 STREET ADDRESS **24 Cathedral Place, Suite 406**
2.4 CITY- ST- ZIP **St. Augustine, FL 32084**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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: **Jacqueline K Sartor** **Jackie Sartor** **Jan. 15, 1998 (904) 826-0509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/97)