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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000074069 (1)

1. Corporation Name

THE PENTAGON GROUP OF ORLANDO, INC.

Principal Place of Business

1485 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32855

Mailing Address

1485 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32855-3719

3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
4. FEI Number 59-3415458	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 8001 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 22 SUITE 564 City & State 23 ORLANDO, FL Zip 24 32809	26 8001 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 27 SUITE 564 City & State 28 ORLANDO, FL Zip 29 32809
Country 25 US	Country 30 US

9. Name and Address of Current Registered Agent

BEERS, ROBERT W III  
1485 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32855

SAME  
AGENT  
NEW  
ADDRESS

10. Name and Address of New Registered Agent

81 Name ROBERT W BEERS III	85 Zip Code 32809
82 Street Address (P.O. Box Number is Not Acceptable) 8001 S. ORANGE BLOSSOM TRAIL	
83 SUITE 564	
84 City LONGWOOD	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ROBERT W BEERS III
STREET ADDRESS		1.3 STREET ADDRESS	167 SPRINGWOOD CIR DR
CITY- ST- ZIP		1.4 CITY- ST- ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOE CASEY
STREET ADDRESS		2.3 STREET ADDRESS	42-020 CARLINE CT
CITY- ST- ZIP		2.4 CITY- ST- ZIP	ARUN DESAI, CA 92241
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: Robert W Beers III 4/3/97 (407) 339-0468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)