

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000076781 (9)

1. Corporation Name

PACE MANAGEMENT GROUP, INC.



Principal Place of Business

204 SOUTH SEMORAN BLVD.
ORLANDO FL 32807

Mailing Address

204 SOUTH SEMORAN BLVD.
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1996	
21		26		4. FEI Number 59-3404493	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
30				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	
ENIX, DAVID A 210 SOUTH SEMORAN BLVD. ORLANDO FL 32807				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP & CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALZNER, FREDRICH			1.2 NAME	DAVID ENIX		
STREET ADDRESS	6304 SAINT PARTIN PL			1.3 STREET ADDRESS	11315 DAVISON LANE		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	TAVARES FL 32718		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT & CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PERROTTI, ROBERT			2.2 NAME	JOSEPH GAMMARUSCO		
STREET ADDRESS	926 GROVESMERE LOOP			2.3 STREET ADDRESS	2956 BAYHEAD RUN		
CITY-ST-ZIP	OCFEE FL			2.4 CITY-ST-ZIP	OVICHO FL 32765		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP, TREASURER, COO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	ROBERT PERROTTI		
STREET ADDRESS				3.3 STREET ADDRESS	926 GROVESMERE LOOP		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	OCFEE FL 32819		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	CHAIRMAN EMERITUS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	FRED PERROTTI		
STREET ADDRESS				4.3 STREET ADDRESS	8012 OLD TOWN DRIVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	ORLANDO, FL 32819		
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 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

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3 2 8 8 6 4 2 2 5 3 2 2 2

CR2E034 (10/97)