

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90199 030 ***150.00

DOCUMENT # P96000076781

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

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number

59-3404493

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GIAMMARRUSCO, JOSEPH G
204 SOUTH SEMORAN BLVD.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

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

TITLE VPD ☒ DELETE
NAME ENIS, DAVID
STREET ADDRESS 11313 DAVISON LN
CITY-ST-ZIP TAVARES FL 32778

TITLE VD ☐ DELETE
NAME PERROTTI, ROBERT
STREET ADDRESS 926 GROVESMERE LOOP
CITY-ST-ZIP OCOCHEE FL

TITLE PCEO ☐ DELETE
NAME GIAMMARRUSCO, JOSEPH
STREET ADDRESS 2956 BAYHEAD RUN
CITY-ST-ZIP OVIEDO FL 32756

TITLE VPTC ☒ DELETE
NAME PEROTTI, ROBERT
STREET ADDRESS 926 GROVESMERE LOOP
CITY-ST-ZIP OCOCHEE FL 32819

TITLE CE ☐ DELETE
NAME PERROTTI, FRE
STREET ADDRESS 8012 OLD TOWN DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition
1.2 NAME PERROTTI, JOHN
1.3 STREET ADDRESS 5427 RUSTIC PINE COURT
1.4 CITY-ST-ZIP ORLANDO, FL 32819

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME PERROTTI, ROBERT
2.3 STREET ADDRESS 926 GROVESMERE LOOP
2.4 CITY-ST-ZIP OCOCHEE, FL 34761

3.1 TITLE PID ☒ Change ☐ Addition
3.2 NAME GIAMMARRUSCO, JOSEPH
3.3 STREET ADDRESS 1491 RIDGE TOP WAY
3.4 CITY-ST-ZIP CLEARWATER, FL 34625

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

5.1 TITLE CID ☒ Change ☐ Addition
5.2 NAME PERROTTI, FRED
5.3 STREET ADDRESS 8012 OLD TOWN DRIVE
5.4 CITY-ST-ZIP ORLANDO, FL 32819

6.1 TITLE VID ☐ Change ☒ Addition
6.2 NAME MOLINA, JAVIER
6.3 STREET ADDRESS 3717 CRESCENT PARK BLVD.
6.4 CITY-ST-ZIP ORLANDO, FL 32812

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

4-22-99 (407) 275-2400