COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

GNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90001 009 ***550.00

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727 0099

1999 OCUMENT # P96000090485

PMTR, II	NC.							
ncinal Plac	o of Rusiness	Mailing Address					9151 08 51 0 15115 5 8511 9100 1 10105 8511 18 0 3	
ncipal Place of Business Mailing Address ATLANTIC STREET 2929 ATLANTIC STREET							•	
BOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951				ł				
						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualified		
Division Division Address						10/23/1996 4. FEI Number		
Principal Place of Business 2a. Mailing Address				/		59-34 10345	Applied For Not Applicable	
26				/			\$8.75 Additional	
						5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State	/-			6. Election Campaign Financing	\$5.00 May Be	
	28					Trust Fund Contribution	Added to Fees	
Zip	Country	ntry Zip		Country -		8. This corporation owes the current		
	25	29	30			Intangible Personal Property. Yes I No		
	9. Name and Address of Curren	t Registered Agent		-		10. Name and Address of New Reg	istered Agent	
MAN	IN PALII			81	Name			
Mann, Paul 2929 Atlantic Street					Street Addre	ess (P.O. Box Number is Not Acceptable)		
MELBOURNE BEACH FL 32951				83				
MELBOOTHE BEACTIFE 02301				"				
				84	City		FL 85 Zip Code	
Distantions	to the provisions of acctions 507.0503	and 607 1508 Florida Sta	tutee the ah		amed cornor	ration submits this statement for the purpo	ase of changing its registered	
office or	registered agent, or both, in the State	of Florida. Such change wa	as authorize	d by t	he corporation	on's board of directors. I hereby accept the	ne appointment as registered	
agent. I	am familiar with, and accept the obliga	itions of, section 607.0505,	Florida Stat	tutes.				
SNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Registe	ered Age	ent signature requ	ulred when reinstating)	DATE	
		D DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
:	D	DELETE	1.1 TI	TLE			Change Addition	
€ '	ANN, PAUL			1.2 NAME				
ET ADDRESS	929 ATLANTIC STREET			1.3 STREET ADDRESS				
ST-ZIP	MELBOURNE BEACH FL 32951	LBOURNE BEACH FL 32951		1.4 CITY-ST-ZiP				
:		L DELETE	2.1 TI		ĺ		Change Addition	
Ξ			2.2 N/					
ET ADDRESS				TREET AL				
ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE			Change Addition	
:	∐ DELETE			3.2 NAME -		a mana	Change Addition	
ET ADDRESS			1	REET AL	DDRESS			
ST-ZiP				ITY-ST-ZI			•	
:		DELETE	4.1 TI				Change Addition	
Ε ;				AME				
ET ADDRESS			4.3 ST	TREET AL	DDRESS			
ST-ZIP			4.4 CI	ITY-ST-Z	3P			
:	DELETE			TLE			Change Addition	
:			5.2 N/	AME				
ET ADDRESS				TREET AL	·			
ST-ZIP				5.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
		☐ DELETE	6.1 TF				Change Addition	
:			6.2 NA		200500			
ET ADDRESS				REET AC				
ST-ZIP	ertify that the information synolized with	this filing does not qualify for		ntion s		ion 119.07(3)(i), Florida Statutes. I furthe	r certify that the information	
indicated of an officer of	on this annual report or supplemental :	annual report is true and ac ceiver or trustee empowere	curate and	that m	ny signature	shall have the same legal effect as if ma juired by Chapter 607, Florida Statutes;	ide under oath; that I am	