

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 18 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000092966 (6)**

1. Corporation Name  
**PBMM, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1675 PALM BEACH LAKES BLVD. 7TH FLOOR<br/>WEST PALM BEACH FL 33401</b> | Mailing Address<br><b>1675 PALM BEACH LAKES BLVD. 7TH FLOOR<br/>WEST PALM BEACH FL 33401</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |                         |
|---|--|--|--|---|-------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |  | 3. Date Incorporated or Qualified<br><b>11/13/1996</b>  | 3a. Date of Last Report |
| 4. FEI Number<br><b>65-0706787</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | 7. <b>\$5.00 May Be Added to Fees</b>  |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |

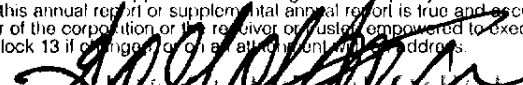
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|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>CORPORATE CREATIONS ENTERPRISES, INC.<br/>4521 PGA BLVD. STE 211<br/>PALM BEACH GARDENS FL 33418</b> |  | 10. Name and Address of New Registered Agent<br><b>81 Name ROBERT GERSHMAN</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable)</b><br><b>83 1675 Palm Beach Lakes Blvd 7th FL.</b><br><b>84 City WEST PALM BEACH FL</b><br><b>85 Zip Code 33401</b> |  |
|--|--|---|--|

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  **Robert Gershman** **8/18/97**  
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                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | <b>Pres. GARY GOLDSTEIN</b>  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>1645 PALM BEACH LAKES BL</b>  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | <b>WEST PALM BEACH FL 33462</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | <b>Vice Pres. ROBERT KATZMAN</b>   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>1645 PALM BEACH LAKES BL</b>  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | <b>WEST PALM BEACH FL 33462</b>  |
| 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 a supplemental report.

 **8/18/97 561 582-**

CR2E034 (4/97)