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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094269

1. Corporation Name

PCT ASSOCIATES INC

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 020 ***150.00

	e of Business	Mailing Address						
1428 KITTIWAK PUNTA GORDA		1428 KITTIWAKE DRIVE PUNTA GORDA FL 33950						
FUNIA GUNDA	1 FE 00300	FUNDA GORDA EL 30500				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed 11/18/1996		
2. Principal P	Place of Business	2a. Mailing Address			•	4. FEI Number		Applied For
21		26				22-3399635		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	75 Additional e Required
City & Stat	te +	- City & State			•	6. Election Campaign Financing	•	00 May Be
23 Zin	Country	Zip	Coun	try		Trust Fund Contribution		led to Fees
Zip	Country 25	<u> </u>	30	iu y		This corporation owes the current year Personal Property Tax.	ir Intangible ☐ Yes	XNo
24	9. Name and Address of Currer	11	30	-		10. Name and Address of New Registe		
	The same of the same			81 #	Name			
nor TEL	ESCO, CONCETTA			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	8 KITTIWAKE DR:		L				2 - 3, 1	4546 2 75 1 1 14
PUN	ITA GORDA FL 33950	,		83				
	1	•	-	84 (City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Codé
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-n	named corpo	oration submits this statement for the purpos	e of changin	g its registered
	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was at tions of, Section 607.0505, Flor	rida Statut	tes.	e corporation	on s board of directors. Thereby accept the a	рропинен а	s registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such Change was all tions of, Section 607.0505, Flor ht and title if applicable. (NOTE:	rida Statut	tes.	e corporation	when reinstating)	E	
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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, with all other like empowered.

A CELISTO CONTROL OF SIGNING OFFICER OR DIRECTOR