

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 19, 1999 8:00 am  
Secretary of State

04-19-1999 90108 034 \*\*\*150.00

DOCUMENT # P96000094554

1. Corporation Name  
PRIVATE PENSION FUND, INC.

Principal Place of Business  
4360 NORTHLAKE BOULEVARD  
SUITE 205  
PALM BEACH GARDENS FL 33410

Mailing Address  
4360 NORTHLAKE BOULEVARD  
SUITE 205  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/15/1996

4. FEI Number  
65-0711150

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

2. Principal Place of Business  
21 8611 SE Water Oak Pl

2a. Mailing Address  
26 PO Box 4073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 Tequesta

City & State  
28 Tequesta

Zip  
24 33469-LPH

Country  
25 US

9. Name and Address of Current Registered Agent

29 33469

Country  
30 US

10. Name and Address of New Registered Agent

WASHOFKY, E.A., P A, MARTIN E  
4360 NORTHLAKE BOULEVARD  
SUITE 205  
PALM BEACH GARDENS FL 33410

81 Name  
Philip Colaizzo

82 Street Address (P.O. Box Number is Not Acceptable)

8611 SE Water Oak Pl

83

84 City

Tequesta

FL

85 Zip Code

33469

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 607.0503, Florida Statutes.

SIGNATURE  
Philip Colaizzo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COLAIZZO, PHILIP  
4360 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PD  
Philip Colaizzo  
8611 SE Water Oak Pl  
Tequesta FL 33469

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: Philip Colaizzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 746-3037

Date Daytime Phone #

CR2E034 (1/198)

03/24/97