

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  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90042 016 \*\*\*150.00

DOCUMENT # P96000094998

1. Corporation Name  
PAMLUKA, INC.

Principal Place of Business

~~1230 E. HILLCREST STREET, SUITE 105  
ORLANDO FL 32803~~

Mailing Address

~~1230 E. HILLCREST STREET, SUITE 105  
ORLANDO FL 32803~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

59-3418196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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

21 501 South New York Ave.

Suite, Apt. #, etc.

22

City & State

23 Winter Park, FL

Zip

24 32789

Country

25

2a. Mailing Address

26 501 South New York Ave.

Suite, Apt. #, etc.

27

City & State

28 Winter Park, FL

Zip

29 32789

Country

30

9. Name and Address of Current Registered Agent

HOLD, ROBERT P

~~1230 E. HILLCREST STREET, SUITE 105  
ORLANDO FL 32803~~

10. Name and Address of New Registered Agent

81 Name Robert P. Hold

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

501 South New York Avenue

83

84 City Winter Park

FL

85 Zip Code 32789

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 PVD ☐ DELETE

NAME HOLD, ROBERT P

STREET ADDRESS ~~1230 E. HILLCREST STREET, SUITE 105~~

CITY-ST-ZIP ~~ORLANDO FL 32803~~

TITLE STD ☐ DELETE

NAME TAYLOR, DEREK

STREET ADDRESS ~~1230 E. HILLCREST STREET, SUITE 105~~

CITY-ST-ZIP ~~ORLANDO FL 32803~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

501 South New York Avenue  
Winter Park, FL 32789

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

501 South New York Avenue  
Winter Park, FL 32789

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0103926

CR2E034 (11/98)