## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 28 1998 8:00am

Sandra B. Mortham

		JAL REPO <b>1998</b>	ORT .		Secretary of State DIVISION OF CORPORATIONS						Secret	ary	of S	St	ate
D	OCUI	MENT	# P9600												
P & D TECHNOLOGY, INC.															
	rat	/ IEONING	LOGI, INC.	1		10 10 10 10 10 10 10 10 10 10 10 10 10 1									
											lian	·			
Principal Place of Business Mailing Address												11	ribe californi	n di	
750 EAST SAMPLE ROAD 750 EAST SAMPLE ROAD															
POMPANO BEACH FL 33064 POMPANO BEACH F							3004				DO NOT WR	TE IN THIS	\$PACE		
										3. D	ate Incorporated or Qualifie	d		_	
	Principal P	lace of Busin	ASS	2a Ma	2a, Malling Address					4 FF	11/25/1996 I Number			Appl	ied For
21					26					**	65-0710031		<del></del>		Applicable
	Suite, Apt. #. etc				Suite, Apt. #, etc.					5 C	ertificate of Status Desired		\$8.7		
22				27	<del></del>					3. 0				Requ	
23	City & State			<u> </u>	City & State					ection Campaign Financing ust Fund Contribution		\$5.0	00 M ed to		
	Zip	ip Country			Zip Co			Country			is corporation owes or has	naid the cu	<del> </del>		
24		أ	29	¬ '						ersonal Property Tax due Ju		Yes	Ø		
		g, Name	end Address of Curre	ame and Address of New	Registered	Agent /									
AMERILAWYER CHARTERED								Name							
343 ALMERIA AVENUE						82 Street Add			ddress	s (P.O.	Box Number is Not Accep	iable)			
CORAL GABLES FL 33134															
								-							
							84 City					FL	.  85   Ži	ip Co	ae
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corroffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporal agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											ubmits this statement for th rd of directors. I hereby ac	e purpose o cept the app	changing ointment	g its r as rø	egistered gistered
SIGNATURE															
		Signature, typed	or printed name of registered ag				d Age	nt signature	equired w			DATE			
12		PD	OFFICERS AN	ID DIRECTOR	DELETE	13. 1.1 Tu	T) F	t		AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTO Chang		Addition
NA			N, DEAN R					1.2 NAME					Unany	, ,	
STREET ADDRESS			AST SAMPLE ROAD					1.3 STREET ADDRESS							
CIT	Y-ST-ZIP		ANO BEACH FL 330	64		1.4 CI	ITY-S	T-ZIP							
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NAN			THEODORE	•		4.2 N					30000253				
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NAA	AE					5.2 N	•								L 3
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	r-ST-ZIP		· · ·			5.4 CI	ITY-S	T-ZIP							210
TITL	į		•		DELETE	6.1 TI							Chang	e	Addition
NAM	- 1					6.2 NA									
ુ ગા⊀l	EET ADDRESS	ı				6.3 ST	IKEET	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 suppliemental 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.