

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000102587 (8)
 1. Corporation Name
PACIFICA EMBROIDERY, INC.



Principal Place of Business: **1801 MASON AVENUE, SUITE 101 DAYTONA BEACH FL 32117-5105**

Mailing Address: **1801 MASON AVENUE, SUITE 101 DAYTONA BEACH FL 32117-5105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1997**

4. FEI Number: **59-3416206**

2. Principal Place of Business: **1100 Main Street**

2a. Mailing Address: **1100 Main Street**

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent: **AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:

81 Name

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

83

84 City **FL** 85 Zip Code

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: *Charles G. Hoibeira* DATE: **02/19/98**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MAMAN, DANIEL	
STREET ADDRESS	1901 MASON AVENUE, SUITE 101	
CITY-ST-ZIP	DAYTONA BEACH FL 32117-5105	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GHOBEIRA, CHARLES S	
STREET ADDRESS	1901 MASON AVENUE, SUITE 101	
CITY-ST-ZIP	DAYTONA BEACH FL 32117-5105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PTD
2.3 STREET ADDRESS	Ghoibeira, Charles S
2.4 CITY-ST-ZIP	1100 Main Street Daytona Beach, FL 32118
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *Charles G. Hoibeira* DATE: **02/19/98**

CR2E034 (10/97)