PKUFII CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000103345

FILED Jun 07, 1999 8:00 am Secretary of State 06-07-1999 90017 009 ***550.00

Principal Place								
1								
10172 PENZANC	of Business	Mailing Address						
10172 PENZANCE LANE 10172 PENZANCE LANE					!			
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed			
					12/26/1996			
2. Principal Pt	ace of Business	2a. Mailing Address			4, FEI Number		T A	plied For
21		26			65-0723375		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	\$8.75		Additional
22		27			5. Certificate of Status Desired	ن ــــــــــــــــــــــــــــــــــــ	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing	רו		Мау Ве
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_	unitry	B. This corporation owes the curre	ent year inta		- ·
24	25	29	30		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent		94 No	10. Name and Address of New R	egistered /	-gant	
NI NI	IPD MANUEL / -	17)		81 Name C	eravold 101	<u> </u>		
	IER, MANUEL	elete)		82 Street Addre	ss (P.O. Box Number is Not Accepta	ble)		<u> </u>
5400 CHUR ROAD WEST PALM BEAGH FL 33415					10172 PENZANCE LANG			
WES	I PALM BEAGELFL 33415			83				
				84 City ()	101 801	-	85 Zip 1	Code, ,
				I KAN	1AL form whach	<u> </u>	<u> </u>	<u> </u>
11. Pursuant t	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statu	ites, the	above-named corporate	ration submits this statement for the	purpose of 0 t the appoin	changing its itment as re	registered distared
omce or re agent. I ar	n familiar with And accept the obligat	ions of, Section 607.0505, Fi	orida Sta	atutes.	ins goald or directors. Frically accept	t all appoin		4
SIGNATURE	1 / MADINO						6/15/	<u> 199</u>
SIGNATURE	Signatural September name of registered agent		_	rd Agent signature required		DATE	7 7	
12.	OFFICERS AN		13		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO ☐ Change	RS IN 12
TITLE	pV	☐ OÉLETE		IIILE			□ creavite	
NAME	CERAVOLO, JOE		1	NAME				
STREET ADDRESS	10172 PENZANCE LANE			STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			CITY-ST-ZIP			Change	[] Addition
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NAME				NAME				
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CITY-ST-ZIP				CITY-ST-ZIP			CT Charac	Addition
THLE		☐ DELETE		rme			Change T	
NAME				NAME	•			
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CITY-ST-ZIP				CITY-ST-ZIP			Channe	☐ Addition
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NAME			•	VAME				
				STREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	ertify that the information supplied wit			CITY-ST-ZIP			6 - Signature - 1	

Block 12 or Block 13 if change

SIGNATURE: