

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000014598 (1)

1. Corporation Name

PAB SALES & MARKETING STRATEGIES, INC.



Principal Place of Business

319 176TH AVE CIRCLE
REDINGTON SHORES FL

Mailing Address

319 176TH AVE CIRCLE
REDINGTON SHORES FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

2. Principal Place of Business

21 319 176th Ave Circle
Suite, Apt. #, etc.

22 City & State
Redington Shores FL

23 Zip
33708

24 Country
Pinellas

2a. Mailing Address

26 319 176th Ave Circle
Suite, Apt. #, etc.

27 City & State
Redington Shores FL

28 Zip
33708

29 Country
Pinellas

4. FEI Number

59-3429865

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

9. Name and Address of Current Registered Agent

BICIOTTI, PATSY A
319 176TH AVE CIRCLE
REDINGTON SHORES FL

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

Patsy A. Bisciotti (President + Agent)

1/15/98

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

D

NAME

BISCIOTTI, PHYLLIS L

STREET ADDRESS

2247 ST CHARLES DR

CITY-ST-ZIP

CLEARWATER FL 34624

☒ DELETE

TITLE

D

NAME

BISCIOTTI, PATSY A

STREET ADDRESS

319 176TH AVE CIRCLE

CITY-ST-ZIP

REDINGTON SHORES FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

OUT

1.2 NAME

Phyllis Bisciotti

1.3 STREET ADDRESS

2247 St Charles Dr.

1.4 CITY-ST-ZIP

Clearwater FL 34624

☐ Change ☐ Addition

2.1 TITLE

President + Agent

2.2 NAME

Patsy A. Bisciotti

2.3 STREET ADDRESS

319 176th Ave

2.4 CITY-ST-ZIP

Redington Shores FL 33708

☐ 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.

SIGNATURE:

Patsy A. Bisciotti 1/15/97 392-1637

CR2E034 (10/97)