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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019177

1. Corporation Name

PIMA CORPORATION

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90056 018 ***150.00



Principal Place	e of Business	Mailing Address				
7862 SAILBOAT	KEY BLVD.	7862 SAILBOAT KEY BLVD.				
UNIT 301		UNIT 301		DO NOT WO	TE IN THIS SPACE	
SOUTH PASADE	ENA FL 33707	SOUTH PASADENA FL 33707		Date Incorporated or Qualifed	TE IN THIS SPACE	
		Lo. Marion Address		02/27/1997 4. FEI Number		Applied For
	lace of Business	2a. Mailing Address 26 1331 Seagn	11 Mm Co.	58-2305782		Not Applicable
	Seaguil Drive Jours	Suite, Apt. #, etc.	H BH DE GOK	30-2303762		Additional
Suite, Apt.	#, etc.	⊢		5. Certifcate of Status Desired		Required
22		City & State .		6 Flactice Compaign Cinqueing		0 May Be
City & State	Data by El-		W. F.	Election Campaign Financing Trust Fund Contribution	1 1	d to Fees
23 ST. Zip	Country	Zip Perensb	Country	8. This corporation owes the cun		
		29 33707 30	¬	Personal Property Tax.	Yes	□No
24 33 K	9. Name and Address of Current I			10. Name and Address of New	Registered Agent	
	s. Name and Address of Current	vadiste en våent	81 Name			
PD. I	BAGGS J AMES					
7862 SAILBOAT KEY BLVD.				iress (P.O. Box Number is Not Accept	able)	
UNIT			/331	Seagull Drive	304. K	
	ITH PASADENA FL 33707			· · · · · · · · · · · · · · · · · · ·		
300	THE ADADLIER TE CO. U.		84 City	12070	FL 85 Z	p Code 3 3 2 0 7
	to the provisions of Sections 607.0502	1500 Ft. 11 Obstate	- 1 &	releasions		
l office or r	enistered agent or both in the State of	Florida, Such change was auth	iorized by the corporati	ion's board of directors. I hereby acce	pt the appointment as	registered
agent. I a	m familiar with, and accept the obligatio	ons of, Section 607.0505, Florida	a Statutes.			
					4 4 4 7 4 0	
SIGNATURE		PRESIDENT	raintered Agent signature require	and when reinstating)	DATE	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature requin		DATE FICERS AND DIREC	TORS IN 12
12.	Signature, typed or printed name or registered agent a OFFICERS AND	and title if applicable. (NOTE: Re	13.	red when reinstating) ADDITIONS/CHANGES TO OF		
12. mle	Signature, typed or printed name or registered agent a OFFICERS AND PD	and title if applicable. (NOTE: Re	13. 1.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	
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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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP