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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1075 (0)

DOCUMENT # P97000021975 (2)

PEL CONSULTANTS, INC.

FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 314 OAKWOOD CIRCLE. S 314 OAKWOOD CIRCLE. S ENGLEWOOD FL 34223 **ENGLEWOOD FL 34223** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-673 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KING, CLIFFORD M **1800 SECOND STREET** Street Address (P.O. Box Number is Not Acceptable) 82 Suite 855 63 SARASOTA FL 34236 84 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 Signature, typed or printed nume of responent agent and title it apple able (NOTE Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITL F President 11 TITLE NAME Paul E. Lermour eux 1.2 NAME 314 ontwo & citasi s STREET ADDRESS 1.3 STREET ADDRESS Englewood, FC 34223 CITY-ST-ZIP 1.4 City-ST-ZiP DELFTE Change Addition TITLE 21 TITLE Roberto A. Lameureux 2.2 NAME 314 Onkwood Criebe 5 STREET ADDRESS 23 STREET ADDRESS Englewers, ite 34233 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6 1 TITLE ☐ Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver of trusted 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: X Stay le Lamoury

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