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

FILED
Aug 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000037439

1. Corporation Name
PMD ASSOCIATES CORPORATION

Principal Place of Business	Mailing Address
509 ASBURY WAY BOYNTON BEACH, FLORIDA 33426	1360 DEKALB PIKE BLUE BELL, PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: APRIL 28, 1997

2. Principal Place of Business	2a. Mailing Address
21 509 ASBURY WAY	26 1360 DEKALB PIKE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH FLORIDA	City & State 28 BLUE BELL, PA.
Zip 24 33426 Country 25	Zip 29 19422 Country 30

4. FEI Number: 23-2959714 ☐ Applied For ☐ Not Applicable

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 NO ASSETS

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MICHAEL McMAHON~~ ~~509 ASBURY WAY~~ N/A ~~BOYNTON BEACH, FLORIDA~~ ~~33426~~	81 Name: ~~MR~~ MICHAEL McMAHON 82 Street Address (P.O. Box Number is Not Acceptable): 509 ASBURY WAY 83 84 City: BOYNTON BEACH FL 85 Zip Code: 33426

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: Michael McMahon 7/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TREASURER	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOUIS J. PETRIELLO		1.2 NAME	
STREET ADDRESS	1360 DEKALB PIKE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA. 19422		1.4 CITY-ST-ZIP	
TITLE	(resident agent)	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL McMAHON		2.2 NAME	
STREET ADDRESS	509 ASBURY WAY (DIRECTOR)		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FLORIDA 33426		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE DALY		3.2 NAME	800002610208
STREET ADDRESS	1360 DEKALB PIKE		3.3 STREET ADDRESS	-08/07/98--01014--029
CITY-ST-ZIP	BLUE BELL, PA 19422		3.4 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME			6.2 NAME	PE
STREET ADDRESS			6.3 STREET ADDRESS	8.6
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: L. Petriello LOUIS J. PETRIELLO 7/2/98 610-277-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #