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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90048 021 ***150.00

DOCUMENT #	P97000084100
I. Comoration Name	

PGCG, INC.

							ATRI DIRECTION D	INTERNATIONALI	
Principal Place of Business Mailing Address						(Individual trial (Bill) Individual trial			
371 N.E. BRASHER COURT PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 09/29/1997			
2 Oringinal D	lace of Business	2a. Mailing Address				4. FEI Number	Anr	olied For	
— ·	ISCA OL BOZILIESS	⊢ ř				65-0791200	<u> </u>	Applicable	
Suite, Apt.	# oto	Suite, Apt. #, etc.	•			03 073 1200	\$8.75 A		
— ' '	w, 6to.	27				5. Certifcate of Status Desired	•	quired -	
City & Stat	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	May Re	
23		28				Trust Fund Contribution	Added to		l
Zip 24	Country 25	Zip	Coui	ntry		This corporation owes the current year Information Property Tax.		DIN ₀	
	9. Name and Address of Current		3			10. Name and Address of New Registered	Agent		
				81	Name				ĺ
	LETTE, PAUL A		-	82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	N.E. BRASHER COURT		}	02	Sueet Au	agress (P.O. Box Number is Not Acceptable)			
POR	T ST. LUCIE FL 34983			83					
			İ	0.4	-014			- 85 Zip Code	
		•	ľ	84	City	FL	85 Zip C -	oue	
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut	thorized	by t	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its introduction	registered pistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered	Agent	signature requ	Dired when reinstating) DATE			6
12.	OFFICERS AN		13.		·	ADDITIONS/CHANGES TO OFFICERS A			1 4
TITLE	D	☐ DELETE	1.1 111	ΣE	1		Change	☐ Addition	=
NAME	GUILLETTE, PAUL A		1.2 NA	ME	l				3
STREET ADDRESS	371 N.E. BRASHER COURT	1.3 ST		REET	ADDRESS				ן וְ
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		1.4 CITY-		-ZIP				Ì
TITLE	D	☐ DELETE	2.1 ∏	LE	[Change	☐ Addition	١,
NAME	GUILLETTE, CAROLINE J		2.2 NAME		1				
STREET ADDRESS	371 N.E. BRASHER COURT		2.3 STRE		ADDRESS				1
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2.4 CITY-S		r-ZIP				1
TITLE		☐ DELETE	3,1 TITLE				Change	Addition	
NAME			3.2 NAME		-	•			l
STREET ADDRESS			3.3 STREE		ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP				
TITLE		☐ DELETE	4.1 7/7	1.E	}		☐ Change	Addition	{
NAME			4.2 N	AME					
STREET ADDRESS	TREET ADDRESS 4.		4.3 ST	REET	ADDRESS				

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/20/99

56/-335-3000 Daytime Phone #

Addition

Addition

☐ Change

☐ Change