

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088088 (4)

1. Corporation Name:  
PFR CORP

Principal Place of Business: 11911 US HWY ONE, SUITE 201  
NORTH PALM BEACH, FL 33408

Mailing Address: 11911 US HWY ONE, STE 201  
North Palm Beach, FL 33408

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FET Number Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HALL, C. WILLIAM  
11911 US HWY ONE, STE 201  
NORTH PALM BEACH, FL 33408

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of Registered Agent or Principal Officer 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	
11 TITLE	Hall, c. william <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	11911 US ONE, STE 201	12 NAME	
13 STREET ADDRESS	North Palm Beach, FL 33408	13 STREET ADDRESS	
14 CITY- ST- ZIP		14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY- ST- ZIP		24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY- ST- ZIP		34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY- ST- ZIP		44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY- ST- ZIP		54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY- ST- ZIP		64 CITY- ST- ZIP	

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. Further, I certify that the information included 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 spaces 12 or 13 or 14, if changed, or on an attached with an address.

SIGNATURE: C. WILLIAM HALL, PRESIDENT

*C. William Hall*

4/15/98 (561) 622-6492

CR2E034 (5/98)

(2)

**INNOVATIVE FUND RAISING FOR THE 21ST CENTURY  
AND BEYOND**

September 1, 1998

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

PFR Corporation  
Independent Representative  
Excel Communications, Inc.  
11911 US Hwy One, Suite 201  
North Palm Beach, FL 33408  
(561) 691 - 3333

To Whom it May Concern:

I am going to call the Department of State in Tallahassee @ (850) 488-9000 as Vivian did on 8/25/98 when trying to find out what happened to our reissue of PFR Corp.

I need to talk to someone who is capable of realizing: (1) that someone in The Department of State is capable of making a mistake and (2) that same someone has the authority to rectify the mistake.

2:25 p.m. I am calling. I reached Phyllis who said that I need to call (850) 487- 6059 and be sure to ask for option #2.

2:30 am doing so. reached Andy. He confirmed that a letter was sent out to us because #4 was left blank where it asked for an FEI and it should have been checked as not applicable.

Andy said to send in another application and check with a letter explaining what happened and it could be corrected.

I am going to ask Viviane to issue another check and fill out a new Application but suggest that she use the Date of April 15th, 1998 as that was when I signed the first one. She should also send a copy of the first one that we have in our file showing that it was mailed April 22, 1998 which was when she sent in the one for Care Realty.

I feel that this plus a copy of Vivian's note to me on August 27th plus a copy of the original Application Dated April 15th and hand written that it was mailed on April 22nd 1998, along with the Application for Care Realty done at the same time should be sufficient proof to satisfy the decision maker.

Thanking this Decision Maker in advance I am

Sincerely yours,



C. William Hall, President

*Copy for Secy of State*

③

Aug 27, 1998

Bill

Called the appropriate office in Tallahassee (850) 488-9000 this morning re: PFR. Spoke to Carol and asked her the status. She said that our application was returned to us on April 30th because we needed a federal ID #. Told her we never received it. She asked if we ever received a second notice, told her no. Verified the address where to was sent - correct.

She told me to call and get a blank form (850-487-6056 #1). Did that this morning.

She said we will have to pay the late fee now. Told her it wasn't our fault - she said it wasn't theirs either.

Asked her why we never got a second notice - she didn't know why as they are always sent.

She said that when we return the application with the \$158.75 to write a letter explaining the situation and ask that we not be fined for late payment. She also said they will probably return it requesting the late fee.

I'll leave this on my desk so it doesn't get lost and once you receive the form you can complete it and return with a letter.

3

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000088088 (4)  
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P F R CORP



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NORTH PALM BEACH FL 33408

Mailing Address

11911 US HWY ONE, SUITE 201  
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required after filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, C WILLIAM	
STREET ADDRESS	11911 US HWY ONE, SUITE 201	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-12)

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*C. William Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98  
Date

Division Phone # 45730