

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

DOCUMENT #

P97000089498

1. Corporation Name

PAVILION INVESTORS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 220 S. MILITARY TRAIL

Suite, Apt. #, etc.

22

City & State

23 DEERFIELD BEACH FL

Zip

Country

24

33442

25

9. Name and Address of Current Registered Agent

2a. Mailing Address

26 220 S. MILITARY TRAIL

Suite, Apt. #, etc.

27

City & State

28 DEERFIELD BEACH FL

Zip

Country

29

33442

30

FILED

22 MAR 18 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-16-97

4. FEI Number

65-0810602

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 the current year intangible
Personal Property Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

81 Name

ROBERT M. KLINE

82 Street Address (P.O. Box Number is Not Acceptable)

220 S. MILITARY TRAIL

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

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, 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

X [Signature]

3/15/99

12. OFFICERS AND DIRECTORS

TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	[X] Change	[] Addition
12 NAME	ROBERT M. KLINE		
13 STREET ADDRESS	220 S. MILITARY TRAIL		
14 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
21 TITLE		[] Change	[] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Addition
62 NAME			
63 STREET ADDRESS			
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)(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. I am attaching with an address, with all other like empowered

SIGNATURE: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

954 425-8100

CR2E034 (1/1/98)