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 # P97000091429 (5)

PMA ENTERPRISES, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i sealthbi sin intil their antil antil antil antil	/B104 11014 81819	11010 1011 (04)	
802 LAMONT TEMPLE TERF	PLACE NACE FL 33617	802 LAMONT PLACE TEMPLE TERRACE FL	802 LAMONT PLACE TEMPLE TERRACE FL 33617			DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualified			
						10/17/1997	 , , ,		
	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				<u>59-3484282</u>	Not Applicable		
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Service Service Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country		Zip Country				Trust Fund Contribution Added to Fees 7. This correction area as her paid the current year lateralible.			
24	25			n '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24	25 29 30 30 3.			1		10. Name and Address of New Registered Agent			
NO.	LZMANN, GERARD C			B1	Name				
	LAMONT PLACE		00 00		Oh o oh A older	(D.O. B. M. L.	- -		
	MPLE TERRACE FL 33617		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)			
161	WILE TENNACE IE 33017		83						
			<u>.</u>	84	City		85 Z	ip Code	
44 Pureuant	to the provisions of Soctions 607.0	902 and 607 1508 Florida Sta	tutes the ab	1	named corn	oration submits this statement for the purpose		n its registered	
i office or r	egistered agent, or both in the Sta m familiar with, and accept the obt	ite of Fronda. Such ch ange w a	is authorized	עם ו	the corporati	ion's board of directors. I hereby accept the a	ppointment	as registered	
SIGNATURE	Signature, typed or printed name of regularied a		MAY Designed	- Anna	E disastrus rep re	ed when reinstalling) DATI			
12.		AND DIRECTORS	13.	Agen	ni signature require	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
TITLE				1.1 TITLE		ADDITIONS/STANGES TO STENENS	Chang		
NAME	<u> </u>		12 NA	ME	-		•		
STREET ADDRESS	802 LAMONT PLACE		1.3 STREET ADDRES		ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL 3361	7	1.4 CHY-ST-ZIP						
TITLE	DE			2.1 TITLE			Chang	e 🔲 Addition	
NAME	22		22 NA	22 NAME					
STREET ADDRESS			2357		ADDRESS				
CiTY-ST-ZIP			2 4 CITY-ST-ZIP		7-ZIP				
TITLE		DELETE	DELETE 31 TITLE				Chang	e Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			3.4. CI	1Y-S1	1 - ZIP				
TITLE	DELETE 4.1		4.1 TJT	LF			Chang	e 🔲 Addition	
NAME	4:		4 2 N	4 2 NAME					
STREET ADDRESS			4.3 STRI		ADDRESS				
CITY-ST-ZIP			4.4 Cil	Y-S1	1 - ZIP				
TITLE		☐ DELETE	5 1 TIT	LE			☐ Chang	je 🔲 Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CII	5.4 CITY - ST - ZIP					
TITLE		DELETE 6.		1 TITLE			☐ Chang	e 🔲 Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STI	REET A	ADDRESS			Į	
CITY-ST-ZIP			6.4 CIT						
## Lhoroby		with this files, stoon and modific	. for the eve		an stated in	Section 410 07(2)(i) Florida Statulas, Lifuthor	contifue that	the information	

nereby ceruity mat 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 informationated on this annual report or supplemental annual report is true and accurate and that my signalure 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.

11/20/90