

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90042 039 ***150.00

09-45306

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000029367

1. Corporation Name
P.M. CENTERS ON THE GREEN, INC.



Principal Place of Business 3452 W BOYNTON BEACH BLVD STE 10 BOYNTON BEACH FL 33436	Mailing Address 3452 W BOYNTON BEACH BLVD STE 10 BOYNTON BEACH FL 33436
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1998

2. Principal Place of Business 21 351 No. CONGRESS AVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH, FL	City & State 28
Zip 24 33436	Country 25 U.S.A.

4. FEI Number 65-0851345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name SCOTT D. BESSETTE
82 Street Address (P.O. Box Number is Not Acceptable) 351 No CONGRESS AVE
83
84 City BOYNTON BEACH
85 Zip Code FL 33436

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REX, RAYMOND R JR	
STREET ADDRESS	3452 W BOYNTON BEACH BLVD, UNIT 10	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCABE, EDWARD	
STREET ADDRESS	3452 W BOYNTON BEACH BLVD, UNIT 10	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BESSETTE, SCOTT D	
STREET ADDRESS	3452 W BOYNTON BEACH BLVD, UNIT 10	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCABE, DONNA L	
STREET ADDRESS	3452 W BOYNTON BEACH BLVD, UNIT 10	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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 IN 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)(f), 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/18/99** Daytime Phone #: **(661) 374-5933**

CR2E034 (11/98)