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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045579

1. Corporation Name

PENTIUM FINANCIAL SERVICES, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90008 022 ***158.75



Principal Place	e of Business	Mailing Address				1 16011001 110 1010	1 EBRIL DAILY BOILI		BANDE OTTOK BILLI	10810 1811 1801
4141 NW 5TH S	ST. STE 104	4141 NW 5TH ST. STE 16	04							
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l I						te incorporated o	or Qualifed			
		A Maria Addana				/20/1998 Number / _		 _	I T An	ntind For
└	lace of Business	2a. Mailing Address			4. (2)	1 Number 65	-0836	841	⊢	plied For of Applicable
21	H sto	Suite, Apt. #, etc.					- 0 0 0 0		\$8.75	
Suite, Apt.	#, etc.				5. Cei	rtifcate of Status	Desired		Fee Re	
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Zip	Country	Zip	Country	, —		s corporation ov		nt vear Int	angible	
24	25	29	30		l l	sonal Property		n you	☐Yes	10No
24	9. Name and Address of Curre					me and Addres		gistered	Agent	
			81	Name						
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2331 N. ST RD 7, SUITE 124		ļ		Street	Address (P.O.	ess (P.O. Box Number is Not Acceptable)				
LAUC	Derhill FL 33313		83	 						
			84	City			٠. ~	`~FL	85 Zip 0	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	utes, the above	e-named	corporation sul	bmits this staten	nent for the p	urpose of	changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized by	the corp	oration's board	of directors. I he	ereby accept	the appoi	ntment as re	gistered
agent. Fai	m familiar with, and accept the oblig	ations or, Section 607.0305, Fi	ionua Statutes	٠.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	TE: Registered Ager	nt signature i	required when reinsta	iting)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOT ND DIRECTORS	TE: Registered Ager	nt signature i		iting)	ES TO OFFI			PRS IN 12
				nt signature i		ITIONS/CHANG	_ _		ID DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	nt signature i	PUTH	RR YAA		CERS AN		
12. TITLE NAME	OFFICERS A VD LEWIS, BARRY	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature i	RUTH			CERS AN		
12. TITLE NAME STREET ADDRESS	OFFICERS A VD LEWIS, BARRY P.O. BOX 491207 (NA)	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADORESS	RUTH 233	RR YAA	IN TE	CERS AN		
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14. 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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR