

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

02456

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90035 019 ***150.00

DOCUMENT # P98000050267

1. Corporation Name

~~COORDINATED ACQUISITION II, INC.~~

Pegasus Holdings, Inc.

Principal Place of Business

Mailing Address

~~21311 N.W. 2ND AVENUE 3389 Sheridan St #180~~
~~NORTH MIAMI FL 33169 Hollywood, FL 33021~~
~~21311 N.W. 2ND AVENUE~~
~~NORTH MIAMI FL 33169 Hollywood, FL 33021~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

X 65-0891828

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 ☒ No

2. Principal Place of Business

21 2198 West Atlantic Blvd.

2a. Mailing Address

26 3389 Sheridan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

24 33445

25 USA

27 City & State

28 Hollywood, FL

29 33021

30 USA

9. Name and Address of Current Registered Agent

TAULE, THOMAS J
21311 N.W. 2ND AVENUE
NORTH MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

Alfred Taule

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

3389 Sheridan Street

83

#180

84 City

Hollywood

FL

85 Zip Code

33021

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

Alfred Taule

2/16/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME TAULE, THOMAS J
STREET ADDRESS 21311 N.W. 2ND AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33169

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Alfred TAULE
1.3 STREET ADDRESS 2198 West Atlantic Ave
1.4 CITY-ST-ZIP Delray Beach, FL 33445

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(i), 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:

Alfred Taule Alfred Taule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 (56) 266-9010

Date

Daytime Phone #

CR2E034 (11/98)