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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081895

PMI OF AMERICA, INC.

Principal Place of Business

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90090 005 ***150.00



Mailing Address 3516 SHORELINE CIRCLE 3516 SHORELINE CIRCLE PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/21/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certifcate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Zip Country Added to Fees Country 8. This corporation owes the current year Intangible 24 25 29 30 9. Name and Address of Current Registered Agent Personal Property Tax. ☐ Yes □No 10. Name and Address of New Registered Agent 81 LABRECQUE, EDWARD C 1202 NEBRASKA AVE Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 83 85 Zip Code 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 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, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Change CANATSEY, MICHAEL O Addition 1.2 NAME STREET ADDRESS 3516 SHORELINE CIRCLE 1.3 STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE CANATSEY, PATRICIA A Change ☐ Addition 2.2 NAME 3516 SHORELINE CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE NAME ☐ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE NAME ☐ Change ☐ Addition 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change NAME Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 securate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or or an attachment with an address with all other like empowered. SIGNATURE:

SIGNING OFFICER OR DIRECTOR

727 786 6885

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