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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000085254

PENSACOLA ACQUISITION, CORP.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90212 045 \*\*\*158.75



							( BILIL B3B4 IUDI
Principal Place of Business Mailing Address							
2542 WILLIAMS BLVD. KENNER LA 70062		2542 WILLIAMS BLVD. KENNER LA 70062		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 10/05/1998		
Principal Place of Business     2a. Mailing Address					4. FEI Number	A	pplied For
21	26			72-1431867	_ ———	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				Fee R	equired
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23		Zip   Country			Trust Fund Contribution		to Fees
Zip —¬	Country	Zip		y	8. This corporation owes the current year Inta	naible Yes	□No
24	9. Name and Address of Current	<del></del>	30		Personal Property Tax.  10. Name and Address of New Registered A		
	5. Name and Address of Current	Kegistered Agent	8	Name	To. Halle and Address of Hell Registered		
GAR	T, DAVID A		<u> </u>	<u></u>			
	AUSTRALIAN AVE. S., STE. 500			Street Add	treet Address (P.O. Box Number is Not Acceptable)		
	PALM BEACH FL 33401		83	3			
			<u>_</u>			- <del></del>	<del></del>
			84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	/e-named cor	rooration submits this statement for the purpose of	changing it:	s registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was au	thorized by	the corporat	tion's board of directors. I hereby accept the appoin	tment as re	agistered
-	in terminal with, and becope the obligation	5110 01, 0000011 007,100001, 1707					į
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: 1	Registered Age	ent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETÉ	1.1 TITLE			☐ Change	☐ Addition
NAME	Lassen, Sidney W. 2542 Williams Blua		1.2 NAME				
STREET ADDRESS			1.3 STREI	TADDRESS			
CITY-ST-ZIP	Kenner LA 10062		1.4 CITY-	ST-ZIP		F105	- Addition
TITLE	V	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	thomas A. Masilla, Jr.		2.2 NAME				
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		Change	Addition
TITLE	ST A CITURE T	☐ DELETE	3.1 TITLE			∟ ∨nange	الاستانانا
NAME	David A. O'Flynn, Jr.		3.2 NAME				
STREET ADDRESS	1 · .		1	ET ADDRESS			
CITY-ST-ZIP	Kenner LA 10060	☐ DELETE	4.1 TITLE	ST-ZIP		Change	Addition
TITLE ,	Brodie, James w.						
NAME	ARUA LALINA ALM		4. 2 NAME	ET ADDRESS			
STREET ADDRESS					•		
TITLE	Kenner LA 10063	☐ DELETE	4.4 CITY	31-4IF		Change	Addition
NAME	1		5.2 NAME			5-	_
				ET ADDRESS			
STREET ADDRESS	]		5.4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
NAME		<u> </u>	6.2 NAME			- <del>-</del>	
STREET ADDRESS	ļ		l.	ET ADDRESS			
CITY-ST-ZIP	·}		6.4 CITY-	ST-ZIP			!
ULLI-SI-ZIP	1			1			

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 compration 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 op an attackment with an address, with all other like empowered.

SIGNATURE:

*122*199 (51

504) 411-6247