FILED

Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90009 022 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

3003 TAMIAMI TRAIL NORTH, 3rd Floor



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

3003 TAMIAMI TRAIL NORTH, 3rd Floor

DOCUMENT # P98000090229

PCLG, INC.

Principal Place of Business

Suite,	pal Place of Business Apt. #, etc. State Country	2a. Mailing Add 26 Suite, Apt. #				3. Date Incorporated or Qualified			DO NOT WRITE IN THIS SPACE			
Suite. City &	Apt. #, etc.	26 Suite, Apt. #							$\neg \neg$			
Suite. City &	Apt. #, etc.	26 Suite, Apt. #				10/23/1998						
Suite, City & Zip	State	Suite, Apt. #	#, etc.			4. FEI Number		Applied For	r			
Suite, City & Zip	State	27	#, etc.			65-0870386		Not Applica	able			
City &						5. Certificate of Status Desired	1 1	. 75 Additiona ee Required	ai			
Zìp	Country	28				Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be				
_ `		Zip	Cc	ountry		8. This corporation owes the current	year					
<u> </u>	25	29	30			Intangible Personal Property.	Yes	X No	- }			
		Current Registered Agent	1			10. Name and Address of New Reg	istered Agent					
•				81	Name							
PRIVATE CAPITAL MANAGEMENT, INC. 3003 TAMIAMI TRAIL NORTH					Street Addre	Address (P.O. Box Number is Not Acceptable)						
	NAPLES FL 33940											
				84	City		85	Zip Code				
				1	-		<u>FL</u>					
offic	ce or registered agent, or both, in the int. I am familiar with, and accept the int.	ne State of Florida. Such cha	ange was authorizi	ed by	the corporatio	ation submits this statement for the purpoin's board of directors. I hereby accept the	ose of changing ne appointment	its registered as registered				
SIGNATI	URE	stered agent and title if applicable.	(NOTE: Regis	stered Ag	gent signature requi	ired when reinstating)	DATE		- 1.			
 I 2.		ERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 1	2			
TILE	D	П	DELETE 1.1 T	TITLE	D/P	•	X Ch		(lation)			
IAME	SHERMAN, BRUCE S		1.2	NAME	1 1			ange 🔲 Add	iition			
TREET ADD		· ·	1,2 :	I COVIC	isne	erman. Bruce S		ange L Add	- 1			
	_{ress} † 3003 tamiami trail n	ORTH				erman, Bruce S Barrami Trail North		ange Add				
	RESS 3003 TAMIAMI TRAIL N NAPLES FL 33940	IORTH	1.3 8		ADDRESS 300	3 Tamiami Trail North		ange L. Add	- 1			
TTY-ST-ZIP			1.3 5	STREET	ADORESS 300 ZIP Nap	3 Tamiami Trail North les, FL 34103	1	ange Add				
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-	1					D C		X Ch	[X] Change [_] Add			

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

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.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

<u>8-24-99</u>

3003 Tamiami Trail North

Naples, FL 34103

941-261-2112

Change Addition

Davtime Phone #

2E034 (5/99)

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