PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

P98000091209

PUBLIC EMPLOYEES INVESTMENT MANAGEMENT CORPORATI ON

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90009 012 ***150.00 09-15-1999 90011 019 ***400.00



Principal Place of Business	Mailing A	Mailing Address					
316 GARDINIA STREET #10	316 GARDINIA STREET #10						
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401					DO NOT WIDITE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified
					10/26/1998		
2. Principal Place of Business	2a. Mailing Address				مستحد فتبت	4. FEI Number Applied For Not Applicable	
21	26						
Suite, Apt. #, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	City & State					6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
	ountry	Zip		Cou	ntrv		8. This corporation owes the current year
	Juliay	29		30			Intangible Personal Property. Yes No
	Address of Current F	<u> </u>	Agent	1301	Γ		10. Name and Address of New Registered Agent
O, INGINO MILE	1441000 01 041101111	togisteres :	.50		81	Name	
HENRY, THOMAS C							
1095 N. A1A		82			Street A	ddress (P.O. Box Number is Not Acceptable)	
JUPITER FL 33477	l			83			
10/11/21/12 304//	1				3		
	ì				84	City	FL 85 Zip Code
		. 1 007 4500	PI21 01-1-4	466-	Ш.		
11. Pursuant to the provisions of office or registered agent, or	r both, in the State of	ing 607.1508 Florida, Suc	, Fiorida Statute th change was :	es, the abt authorized	ove-≀ i by	the corpor	ration's board of directors. I hereby accept the appointment as registered
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							
	d name of registered agent an				red Ag	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS		13.	٠-	<u>-</u>	
TITLE Y TO SE			DELETE	1,1 TIT			Change Addition
NAME 2, 20 Cer	7 E. Zaz La: 6003 a.	1 84.	D 10	1.2 NA			
STREET ADDRESS	`	\		1.3 STF	REET /	ADDRESS	
CITY-ST-ZIP Lac	Jahr Beer	<u>.\Fı.</u>	73451	1.4 CIT		ZiP	
TITLE Sec. +	Treas.		DELETE	2.1 TIT	lΕ		Change Addition
NAME Chome	م.۱. (,-/بر.e-،	سرا. بهاد		2.2 NA	ME		and the same of th
STREET ADDRESS 1095	P. ALA	, //	1	2.3 STF	REET /	ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP Junited	. Er. 2330	17th)	W.	2.4 CIT	Y-ST-	ZIP .	
TITLE			DELETE	3.1 TIT	LE		Change Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 STF	REET/	ADDRESS	
CITY-ST-ZIP				3,4 CIT	TY-\$T-	.ZIP	
TITLE	14.44		DELETE	4.1 TIT	ΊĒ		Change Addition
NAME				4.2 NA	ME		
STREET ADDRESS				4.3 STF	REET /	ADDRESS	
CITY-ST-ZIP				4.4 CIT	ry-st-	.ZIP	
TITLE			DELETE	5.1 TIT		-	Change Addition
NAME				5.2 NA			
STREET ADDRESS						ADDRESS	
				1			
CITY-ST-ZIP			T SCI STE	5.4 CfT 6.1 TIT		· LIF	Change Addition
TITLE			DELETE	- 1			Li Change L Addition
NAME				6.2 NA		1000000	}
STREET ADDRESS						ADDRESS	1
CITY-ST-ZIP	- 15 - 4 - 50 - 51	t61(6.4 CIT			and a 440 07/2)(i) Elected State to a first term of the transformation
14. I bereby certify that the inform.	ation supplied with the	is tilina does	not quality for t	ne exemp	шоп	stated in S	section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplied with this filling does not qualify for the exemption is also in section 1.13-07(3)(f), Fronda Statutes. I further certify that the information indicated on this annual report or suppliemental 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 appearance with an address.

SIGNATURE:

C13/99

600-487-344