**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90099 019 \*\*\*150.00

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## 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 # P98000096180

1. Corporation Name

PIONEER GROUP SYNDICATE, INC.

A						(96) IIB (818) ISIN KUNI ODIN BUN	i Brita (Atto Atto) tirat	IBILL BUIL LOUE	
Principal Place of Business Mailing Address									
8001 BRACKEN LANE 8001 BRACKEN LANE MELBOURNE FL 32940 MELBOURNE FL 32940									
MELDOUMET	1 02540	MCLOOCING 12	WCTBOOMAC 1E 02000			DO NOT WRITE IN THIS SPACE			
					3. Date Inco	rporated or Qualifed			
بنشيخين	State of the State				11/12/1	1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Numb	oer	Ap	plied For	
21	•	26	26			3544235	Not Applicable		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22	,,	27			5. Certificate	of Status Desired	Fee Re	guired	
City & State	Δ		City & State			Campaign Financing	\$5.00	May Be	
<del></del>	-	<b>├</b> ──	28			Trust Fund Contribution Added to Fees			
Zip Country			Zip Country			8. This corporation owes the current year Intangible			
<del>_</del>	25		29 30		Personal Property Tax.		ŬYes		
24	9. Name and Address of Current Registered Agent		1	10. Name and Address of New Registered Agent					
	5. Hame and Address of Curren	t registered regent		81 Name	- 01	,	——————————————————————————————————————		
COB	IPÒRATION SERVICE COMPANY				lom Basi.	noton			
	HAYS STREET		82			utraber is Not Acceptable)		l	
TALLAHASSEE FL 32301-2625				83 4/1	b HUMS+Kd				
ואנו	PHINOSEL IE GEGOT-EGEG			03					
				84 City	2 0		85 Zip (	Code	
}				84 City	talm Bay				
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Flor	da Statutes, the	above-named	corporation submits t	this statement for the purpo	ose of changing its	registered distered	
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obliga	tions of Section 607.	ge was audionze 0505, Florida Sta	tutes.	O(dilotts board of one	octors: Thereby aboopt the			
	Kal V I da					3/	10/99	l	
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable.	(NOTE: Registere	d Agent signature	required when reinstating)	D	ATE		
12.		D DIRECTORS	13		ADDITION	S/CHANGES TO OFFICE			
TITLE	D		ELETE 1.1"	TILE	P	.1.4	☐ Change	Addition	
NAME	EICHIN, JOHN M		łam <u>e</u>	Watters Kylo					
STREET ADDRESS	AAA. PRAACETA LAAIF		1.33	STREET ADDRESS	gool Brack	001 Bracken LANE			
CITY-ST-ZIP	MELBOURNE FL 32940			CITY-ST-ZIP	Melpour	nclbourne, FL 32940			
TITLE	INCLUDED IN THE SECOND			TILE	1		☐ Change	☐ Addition	
NAME			· -:	IAME -					
Ì		- ·		STREET ADORESS					
STREET ADDRESS					i				
CITY-ST-ZIP				CITY-ST-ZIP	<del> </del>		☐ Change	Addition	
TITLE				TILE			(1, 2, 1, 1, 1)		
NAME				IAME	-				
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZiP	<u> </u>			- Addition	
TITLE		Πc	ELETE 4.1	TILE			☐ Change	Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET ADDRESS	.[				
CITY-ST-ZIP			4.4	CITY-ST-ZIP					
TITLE			ELETE 5.1	TILE	1		☐ Change	☐ Addition	
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET ADDRESS	}				
CITY-ST-ZIP	MARKET TO THE PROPERTY.		1	CITY-ST-ZiP					
TITLE	2 78 7 7 7 7 7			πιε	<del>                                     </del>		Change	Addition	
1 111	CONTROL BUTTON	,		NAME					
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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR