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 # P98000096999

1. Corporation Name PEGASUS MANGEMENT GROUP, INC.

management

Principal Place of Business

Mailing Address

3250 LAKE WASHINGTON RD. MELBOURNE FL 32935

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3250 LAKE WASHINGTON RD. MELBOURNE FL 32935

May 04, 1999 8:00 am Secretary of State

05-04-1999 90216 044 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/18/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3542475 Not Applicable 1280 Sarno Rd \$8.75 Additional Suite, Apt. #, etc:--Suite: Apt: #, etc 5. Certificate of Status Desired Suite # 223 Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Melbourne Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes the current year Intangible USD Personal Property Tax. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRIAND, SCOT V Street Address (P.O. Box Number is Not Acceptable) 82 548 EBONY ST. MELBOURNE FL 32935 83 Zip Code 84 City 85

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.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. **Addition** DELETE 1,1 TITLE President Change TITLE Scot V. Briand 12 NAME NAME 548 Ebony St 1.3 STREET ADDRESS STREET ADDRESS Melbourne FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Vice President Change ☐ DELETE TITLE 2.1 TITLE Peggy A. Le Blanc 2.2 NAME NAME 2.3 STREET ADDRESS 2876 Plaza Way STREET ADDRESS 32935 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition

CR2E034 (11/98)