

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 31 PM 4:05



PROFIT CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01525 (2)
1. Corporation Name: PBMG, INC.

Principal Place of Business: 4601 NO CONGRESS AVE W PALM BCH FL 33407-3282 US
Mailing Address: 4601 NO CONGRESS AVE W PALM BCH FL 33407-3282 US

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 09/17/1990
3a. Date of Last Report: 06/27/1995
4. FEI Number: 65-0222076
5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent: CASEY, PATRICK J., ESQ. 515 N. FLAGLER DR. 19TH FLOOR WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES	
TITLE	P	1.1 TITLE	
NAME	KOHLMAN, TERRY T	1.2 NAME	
STREET ADDRESS	4601 NO CONGRESS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BERNHOF, HANS B	2.2 NAME	
STREET ADDRESS	4601 NO CONGRESS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	DUKE, ROY J.	3.2 NAME	
STREET ADDRESS	4601 N. CONGRESS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	DRESNER, JEFFREY H	4.2 NAME	
STREET ADDRESS	4601 N. CONGRESS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	RODRIGUEZ, ROLANDO F	5.2 NAME	
STREET ADDRESS	4601 N. CONGRESS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	DRESNER, JEFFREY H	6.2 NAME	
STREET ADDRESS	4601 NO CONGRESS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TERRY T. KOHLMAN
7-30-96

CR2E034 (3/96)