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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09502

(3)

Mailing Address

**PDB CORPORATION** 

Principal Place of Business

**SIGNATURE:** 

| 3348 EDGEWATER DR.<br>ORLANDO FL 32804 |   | 3348 EDGEWATER DR.<br>Orlando fl 32804-3742  |                        |                  |  | )              |   |             |               |                 |
|--|---|--|------------------------|------------------|--|----------------|---|-------------|---------------|-----------------|
|  |   |  |                        |                  | ·  | 1              | Date Incorporated or Qualified 10/24/1990 | 1           | e of Last F   | Report          |
| 2. Principa Pi                         | lace of Business  | 2a. Mailing Address  |                        |                  |  |                | FEI Number                                | 1. YEI.     |               | pplied For      |
| 21                                     |   | 26   |                        |                  |  |                | 59-3036159                                |             | N             | ot Applicable   |
| Suite, Apt. #, etc                     |   | Suite, Apt. #, etc.  |                        |                  |  |                |   |             | \$8.75        | Additional      |
| 22                                     |   | 27   |                        |                  |  | _ <b>3</b> . ( | Certificate of Status Desired             |             | Fee R         | equired         |
| City & State                           |   | City & State   |                        |                  |  | 6.             | Election Campaign Financing               |             | \$5.00        | May Be          |
| 23                                     |   | 28   |                        |                  |  | <u> </u>       | Trust Fund Contribution                   |             |               | to Fees         |
| <i>Ζ</i> φ                             | Country   | Zip  | Countr                 | У                |  | 8.             | This corporation has fiability for i      | _ ~         | _             | s. 199.032,     |
| 24                                     | 25  |  | ю                      |                  |  |                |   | Yes _       |               |                 |
|  | 9. Name and Address of Curren   | t Registered Agent   |                        |                  |  | 10.            | Name and Address of New Re                | gistered A  | gent          |                 |
| DEM                                    | etree, william c  |  | 8.                     | I N              | lame   |                |   |             |               |                 |
| 3348                                   | EDGEWATER DR.   |  | 82 Street Add          |                  |  | ss (P.         | O. Box Number is Not Acceptab             | ile)        |               |                 |
| ORL                                    | ANDO FL 32804   |  | <u> </u>               | L                |  | ·              |   | ,<br>       |               |                 |
|  |   |  | 83                     | 3                |  |                |   |             |               | ì               |
|  |   |  | 84                     | i c              | ity  | <i>-</i>       | <u>,</u>                                  |             | <b>85</b> Zip | Code            |
|  |   |  |                        |                  |  |                |   | <u>FL</u>   |               |                 |
| office or n                            | to the provisions of Sections 607.050;<br>egistered agent, or both, in the State<br>in famil ar with, and accept the obliga | of Florida. Such change was au   | thorized b             | ov the           |  |                |   |             |               |                 |
| SIGNATURE                              | 5% after typed or proved some of insulating dige.   | of and tile Lappincable (NOTE.   | Registered A           | gent si          | gnature required                             | when r         | reinstating)                              | DATE        |               |                 |
| 12.                                    | OFFICERS AND  |  | 13.                    |                  | · · · · · · · · · · · · · · · · · · ·        |                | DDITIONS/CHANGES TO OFFIC                 |             | DIRECTOR      | RS IN 12        |
| 1ift#                                  | P   | ☐ DELETE   | 1.1 TITLE              |                  |  |                | <del></del>                               |             | Change        | Addition        |
| NAME                                   | DEMETREE, WILLIAM C   |  | 1.2 NAME               |                  |  |                |   |             |               | j               |
| STREET ADDRESS                         | 3348 EDGEWATER DR.  |  | 1.3 STREE              |                  | IRESS  |                |   |             |               | 1               |
| CHTY-S1-ZIP                            | ORLANDO FL 32804  |  |                        | 14 CITY-ST-ZIP   |  |                |   |             |               |                 |
| TIFLE                                  | S   | DELETE   | 21 TITLE               |                  |  |                |   |             | Change        | Addition        |
| NAME                                   | PILE, JERE  |  | 2.2 NAME               |                  |  |                |   |             | -             | <del></del>     |
| STHEET ADORESS                         | 3348 EDGEWATER DR.  |  | 2.3 STREE              |                  | HESS   |                |   |             |               | }               |
| CHY-ST-ZIP                             | ORLANDO FL 32804  |  | 1                      | 2. 4 CITY-ST-ZIP |  |                | i   |             |               | ľ               |
| HILE                                   | VP DELETE   |  | _                      | 3.1 TITLE        |  |                |   |             | Change        | Addition        |
| NAVE                                   |   |  | L                      | 3.2 NAME         |  |                |   | · ·         |               | _ }             |
| STREET ADDRESS                         | 3348 EDGEWATER DR.  |  | 3 3 STREE              |                  | 9939   |                |   |             |               |                 |
| CITY ST-7/2                            | ORLANDO FL 32804  |  | 1                      |                  | 1  |                |   |             |               | ì               |
| THE                                    | VIIIVIIIV I L SECON   | T DELETE   | 3.4. CITY<br>4.1 TITLE |                  | <del>"</del>                                 |                |   |             | Change        | Addition        |
| NAME                                   |   | Special to the Co. 1 to  | 4. 2 NAM               |                  |  |                |   |             |               |                 |
| STREET ADURESS                         |   |  | 4.3 STREE              |                  | nge es                                       |                |   |             |               |                 |
| CITY - ST - ZIP                        |   |  | L                      |                  | · \  |                |   |             |               | 1               |
| TIT:F                                  |   | DELETE   | 44 CITY-<br>51 TITLE   |                  | ·  |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |             | Change        | Addition        |
| NAME                                   |   |  | 5.2 NAME               |                  |  |                |   | '           | vilorige      | - Monday        |
| " }                                    |   |  | 5.3 STREE              |                  | DECC   |                |   |             |               | }               |
| STREET ADDRESS                         |   |  |                        |                  |  |                |   |             |               |                 |
| CITY ST ZIF                            |   | DELETE   | 5.4 CITY-              |                  | <u>r                                    </u> |                |   |             | Change        | Addition        |
| TITLE                                  |   | [] becare  | 6.1 TITLE              |                  | ļ  |                |   | '           | Unanye        | L AUGILION      |
| NAVE                                   |   |  | 6.2 NAME               |                  |  |                |   |             |               | ļ               |
| STREET ADDRESS                         |   |  | 6.3 STAE               |                  |  |                |   |             |               |                 |
| CITY \$1-Z-P                           |   | at that at a still a s | 6.4 CITY               |                  |  | - C-           | 440.07(0)() FI-(1-0)                      | . 16        |               |                 |
| informatio                             | by certify that the information supplied<br>in indicated on this armual report or s   | applemental annual report is tru   | e and acc              | curati           | e and that n                                 | ny sig         | mature shall have the same lega           | l effect as | if made un    | nder oath; that |
| Lam an o                               | flicer or director of the corporation or<br>n Block 12 or Block 13 if changed, or   | the receiver or trustee empower  | red to exe             |                  |  |                |   |             |               |                 |

TED NAME OF SIGNING OFFICER OR DIRECTOR