

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S18176** (5)

1. Corporation Name

PEGASUS ACQUISITION CORPORATION



Principal Place of Business

**950 SE 12TH ST
HIALEAH FL 33010**

Mailing Address

**950 SE 12TH ST
HIALEAH FL 33010**

3. Date Incorporated or Qualified

12/13/1990

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

65-0232667

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**FINAZZO, NICOLAS
950 SE 12TH ST
HIALEAH FL 33010**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **DP
BATCHELOR, GEORGE E**
STREET ADDRESS **950 SE 12TH ST**
CITY-ST-ZIP **HIALEAH FL**

1.2 TITLE ☐ DELETE

NAME **AS
BATCHELOR, ANNE O.**
STREET ADDRESS **950 SE 12TH ST**
CITY-ST-ZIP **HIALEAH FL**

1.3 TITLE ☐ DELETE

NAME **VD
DOUST, RICHARD**
STREET ADDRESS **ONE MARITIME PLAZA, 15TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA**

1.4 TITLE ☐ DELETE

NAME **T
HIGGINS, JOHN**
STREET ADDRESS **950 SE 12TH ST**
CITY-ST-ZIP **HIALEAH FL**

1.5 TITLE ☐ DELETE

NAME **AS
DAWSON, HUMPHREY**
STREET ADDRESS **950 SE 12TH ST**
CITY-ST-ZIP **HIALEAH FL**

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Add on

1.2 NAME **BATCHELOR, MARIANNE**
1.3 STREET ADDRESS **950 SE 12 ST.**
1.4 CITY-ST-ZIP **HIALEAH, FL 33010**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **D/AS
BATCHELOR, ANNE**
2.3 STREET ADDRESS **950 SE 12 ST**
2.4 CITY-ST-ZIP **HIALEAH, FL 33010**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anne O. Batchelor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE O. BATCHELOR, SECRETARY

7-11-96

305 887-4500

Date

Daytime Phone #

CR2E034 (12/95)