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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # S35161 (6)**

1. Corporation Name

**PFR Asset Management, Inc.**

Principal Place of Business

**1988 Gulf to Bay Blvd.  
Clearwater, FL 34625**

Mailing Address

**P.O. Box 6600  
Clearwater, FL  
34618**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**Morris A. LeCompte, Esquire  
100 Second Avenue South  
City Center- 12th Floor  
St. Petersburg, FL 33701**

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's signature required when not applying)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME Richard W. Cope  
STREET ADDRESS 19353 US Highway 19 No., Ste 100  
CITY-ST-ZIP Clearwater, FL 34624

TITLE DSAT  
NAME Edwin C. Tooke  
STREET ADDRESS 19353 US Highway 19 No., Ste 100  
CITY-ST-ZIP Clearwater, FL 34624

TITLE DV  
NAME James G. Mueller  
STREET ADDRESS 7100 W. Commercial Blvd.,  
CITY-ST-ZIP Ft. Lauderdale, FL 33319

TITLE P  
NAME Randy G. Bowers  
STREET ADDRESS 1988 Gulf to Bay Blvd.  
CITY-ST-ZIP Clearwater, FL 34625

TITLE TAS  
NAME Lewis A. Sticco  
STREET ADDRESS 19353 US Highway 19 No., Ste 100  
CITY-ST-ZIP Clearwater, FL 34624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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-04/10/96--01086--005  
\*\*\*200.00**

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:

**Lewis A. Sticco**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lewis A. Sticco**

**4-5-96**

**813/538-5468**

CR2E034 (12/95)