

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

59-3057705

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33765

29 33758

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER POWERS, JILL E
19353 US HWY 19 N.
SUITE 100
CLEARWATER FL 34624
33764

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME COPE, RICHARD W.
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 34624

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33764

TITLE DSAT ☐ DELETE
NAME TOOKE, EDWIN C.
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 34624

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33764

TITLE DV ☐ DELETE
NAME MUELLER, JAMES G.
STREET ADDRESS 7100 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33319

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME BOWERS, RANDY G
STREET ADDRESS 1988 GULF TO BAY BLVD
CITY-ST-ZIP CLEARWATER FL 34625

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33765

TITLE TAS ☐ DELETE
NAME STICCO, LEWIS A
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 34624

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33764

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Lewis A. Sticco Secy 9. 4/9/98

4/9/98

813/538-5468

CR2E034 (10/97)