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FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S41111 (3)

1. Corporation Name  
P.F.R. ENTERPRISES, INC.



Principal Place of Business  
13443 MILES STANDISH PORT  
PALM BEACH GARDENS FL 33410

Mailing Address  
13443 MILES STANDISH PORT  
PALM BEACH GARDENS FL 33410-1440

3. Date Incorporated or Qualified 03/25/1991  
3a. Date of Last Report 07/08/1996

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

25

29

30

4. FEI Number 65-0252360  
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

ROCCO, PETER FL  
13443 MILES STANDISH PORT  
PALM BEACH GARDENS FL 33410

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

Peter F. Rocco / Pres. Peter F. Rocco - Pres.

3/17/97

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS          | CITY - ST - ZIP  | DELETE                   |
|-------|--------------------|-------------------------|------------------|--------------------------|
| PTD   | ROCCO, PETER R.    | 13443 MILES STANDISH PT | PALM BCH GDNS FL | <input type="checkbox"/> |
| SVD   | ROCCO, PATRICIA A. | 13443 MILES STANDISH PT | PALM BCH GDNS FL | <input type="checkbox"/> |
|       |                    |                         |                  | <input type="checkbox"/> |
|       |                    |                         |                  | <input type="checkbox"/> |
|       |                    |                         |                  | <input type="checkbox"/> |
|       |                    |                         |                  | <input type="checkbox"/> |
|       |                    |                         |                  | <input type="checkbox"/> |
|       |                    |                         |                  | <input type="checkbox"/> |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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:

Peter F. Rocco / Pres. Peter F. Rocco - Pres. 3/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)