

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S57461**

(3)

1. Corporation Name

**PM ELECTRONIC SERVICES INC.**

Principal Place of Business

**2830 SCHERER DRIVE  
SUITE 310  
ST. PETERSBURG FL 33716  
US**

Mailing Address

**2830 SCHERER DRIVE  
SUITE 310  
ST. PETERSBURG FL 33716  
US**

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

**MARTIN, PAUL  
2830 SCHERER DRIVE, SUITE 310  
ST. PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/03/1991**

3a. Date of Last Report

**03/25/1996**

4. FEI Number

**59-3067519**

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

10. Name and Address of New Registered Agent

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE

NAME **MARTIN, PAUL**  
STREET ADDRESS **2830 SCHERER DRIVE, SUITE 310**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **S** ☒ DELETE

NAME **SPENCER, DEBRA L**  
STREET ADDRESS **2830 SCHERER DRIVE SUITE 310**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **V** ☒ DELETE

NAME **RIVERA, ROLANDO A**  
STREET ADDRESS **2830 SCHERER DRIVE, SUITE 310**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **2810 Scherer Drive Suite 135**  
1.4 CITY-ST-ZIP **St. Petersburg FL 33716**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**100002257121--9**  
**-08/04/97--01160--022**  
**\*\*\*\*165.00 \*\*\*\*165.00**

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 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

SIGNATURE REQUIRED

7-23-97

APPROVED  
AND  
FILED

97 JUL 30 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)