Amended

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

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 OCT 29 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S85953 (5)

1. Corporation Name
PAB CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2000 S. ANDREWS AVE FT LAUDERDALE FL 33316 US	2000 S. ANDREWS AVE FT LAUDERDALE FL 33316-3430 US

3. Date Incorporated or Qualified: 10/07/1991
3a. Date of Last Report: 03/06/1997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0293045 ☐ 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

BARCIA, PAUL P
1000 RIVER REACH DR
APT 212
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1101 River Reach DR Apt. 108
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	DES ☐ Change ☒ Addition
NAME	BARCIA, ANN R.		1.2 NAME	BARCIA, PAUL P., JR.
STREET ADDRESS	1000 RIVER REACH DR 212		1.3 STREET ADDRESS	4998 SW 94th Avenue
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Cooper City, FL 33328
TITLE	DT	☐ DELETE	2.1 TITLE	DPS ☒ Change ☐ Addition
NAME	BARCIA, PAUL P		2.2 NAME	BARCIA, ANN R.
STREET ADDRESS	1000 RIVER REACH DR 212		2.3 STREET ADDRESS	1101 River Reach DR #108
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	DES	☒ DELETE	3.1 TITLE	DT ☒ Change ☐ Addition
NAME	RIVERA, DAVID		3.2 NAME	BARCIA, PAUL P.
STREET ADDRESS	11591 SW 9TH COURT		3.3 STREET ADDRESS	1101 River Reach DR #108
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BENGTSON, CARL W		4.2 NAME	700002385317--3
STREET ADDRESS	2546 PALM ROAD		4.3 STREET ADDRESS	-10/31/97--01081--001
CITY-ST-ZIP	WEST PALM BEACH FL 33406		4.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DB 10-29-97
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.