FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:24

DOCUMENT # V19955 (6)

1. Corporation Name
THE PEGASUS GROUP, INC.

Principal Place of Business	Mailing Address
205 U.S. HIGHWAY ONE SUITE 542 JUNO BEACH FL 33408	205 U.S. HIGHWAY ONE SUITE 542 JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1992
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 65-0319552 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

Trust Fund Contribution ☐ Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MALLORY, EARL K ESQ
205 US HIGHWAY ONE
SUITE 542
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: Michael W. Eason
82 Street Address (P.O. Box Number is Not Acceptable)
83: 205 US Highway One Ste. 542
84 City: Juno Beach FL 85 Zip Code: 33408

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 required for both registered agent and officer or director) (NOTE: Registered Agent signature required when new/changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINUCANE, JAMES N
STREET ADDRESS	205 US HIGHWAY ONE, SUITE 542
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	D
NAME	EASON, MICHAEL W
STREET ADDRESS	205 US HIGHWAY ONE, SUITE 542
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	D
NAME	EASON, LINDA J
STREET ADDRESS	205 US HIGHWAY ONE, SUITE 542
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	☐ Change ☐ Addition
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
2.1 TITLE	2.2 NAME	☐ Change ☐ Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME	☐ Change ☐ Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	☐ Change ☐ Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	☐ Change ☐ Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	☐ Change ☐ Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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] MICHAEL W. EASON 2/8/95 (407) 691-9260
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #