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

**PROFIT** CORPORATION ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

PYFROM ENTERPRISES, INC.

4 4 7	

**FILED** Apr 16 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			# I CONFESIONE THEIR THEIR BINN DOUBLE CONFESION BIGGI BIDEN BIDEN BIDEN HARD				
8306 W POCA	AHONTAS AVE		8306 W POCAHONTAS AVE TAMPA FL 33615		DO NOT WRITE IN THIS SPACE				
IAMPA PL 33	(D)	IAMPA PL 33015							
					3. Date Incorporated or Qualified				
					03/20/1992				
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21 Cuita Ant	7-21-	26			59-3131129	✓ Not Applicable			
Suite, Apt.	#, GIC	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0	City & State	•		6. Election Campaign Financing	\$5.00 May Be			
23		28	28		Trust Fund Contribution	Added to Fees			
Zıp	Country	Ζιρ	Zip Country		8. This corporation owes or has paid the cu	rrent year Intangible			
24	25 29 30		30		Personal Property Tax due June 30. 💢 Yes 🗌 No				
	g. Name and Address of Currer	nt Registered Agent		7	<ol><li>Name and Address of New Registered</li></ol>	Agent			
PYI	from, Stanley C. Pyfrom G/	ANL C.	81	Name					
830	08 W POCAHONTAS AVE		62	Street Add	dress (P.O. Box Number is Not Acceptable)	<del></del>			
TAI	MPA FL 33615			0.00.7.00	ines (i.e. bearinging in the prooping in				
			83						
			84	Cit.		1-1 5 A			
			**	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, lyped or printed name of registered age	ord and title if applicable (NOTE	Renistered Ar	ent signature regu	uired when reinstating) DATE				
12,	OFFICERS AN		13.	por a gridate requ	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12			
TITLE	DP	DELETE	1.1 TITLE		TIDETTOTAL OTTO CITICE TO ATTO	Change Addition			
NAME	PYFROM, STANLEY C.		1.2 NAME						
STREET ADDRESS	8306 W POCAHONTAS AVE			T ADDRESS					
CITY-ST-ZIP	TAMPA FL		1.4 CITY-						
TITLE	DV D		2.1 TITLE	31-111		Change Addition			
NAME	PYFROM, GAIL C.		2.2 NAME						
STREET ADORESS	8306 W POCAHONTAS AVE			T ADDRESS					
CITY-ST-ZIP	TAMPA FL		2. 4 CITY						
TITLE	IFWM ATE	DELETE	3.1 TITLE	31-21		Change Addition			
NAME		hand works.	3.2 NAME	İ		Cutoffort			
STREET ADDRESS				T ADDRESS					
CHTY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE	91 · ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition			
NAME			4. 2 NAME			L vialigo L noonion			
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			•						
TITLE		DELETE	4.4 CITY- 5.1 TITLE	51 - ZiP		Change Addition			
NAME			5.1 HILE 5.2 NAME			Change L. Munition			
				· PDDDccc					
STREET ADORESS			•	T ADDRESS					
CITY-SI-ZIP		DELETE	5.4 CITY-	ST-ZIP		[ 05			
TITLE		☐ DELETE	6.1 TITLE			Change Addition			
NAME			6.2 NAME						
STREE1 ADDRESS			6.3 STREE	T ADDRESS					
CITY_S1_7IP			C 4 CITY	CT 740					

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: