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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V40603 1. Corporation Name

P.M. UNLIMITED, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90142 034 \*\*\*150.00



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SUNRISE FL 33				RISE FL 33351	1									•
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2. Principal Pl	lace of Busin	ness	2a.	Mailing Address					4. FEI Num	ber .			A	pplied For
21			26						65-037	7136	_		N	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate	of Status D	 Denirod	п~	\$8.75	Additional
22			27			_			5. Certificate	r or Status D	Jesileu 		Fee R	equired
City & State	е			City & State	_				6. Election (	Campaign F	inancing	m	\$5.00	May Be
23			28						Trust Fur	d Contributi	ion			to Fees
Zip		Country		Zip	Co	ountry			8. This corp	oration owe	s the curr	ent year In	tangible	
24		25	29		30			İ	Personal	Property Ta	ix.		Yes	□No
	9. Name	and Address of Curr	ent Regist	ered Agent					10. Name ar	d Address	of New F	Registered	Agent	
						81	Name							
	ien, pnina					82	Stenat	A dd	s (P.O. Box N	umbar ia Na	at Assent	· ·		
	NW 108T	• • • • • •					Sueer	Addres	S (F.O. BOX N	ulliber is inc	or Accepta	able)		}
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						84	City					Fl	85   Zip	Code
44 Pursuant	to the provis	ions of Sections 607.0	502 and 60	7 1508 Florida Sta	tutes the	above	-named	corpor	ation eubmite	this stateme	nt for the			s registered
office or re	egistered ag	ent, or both, in the Stat	te of Florida	<ul> <li>a. Such change wa</li> </ul>	s authorize	ed by 1	the corpo	oration'	s board of dire	ectors. I here	eby accep	t the appo	intment as r	egistered
agent. I ai	m familiar w	th, and accept the obliq	gations of,	Section 607.0505,	Florida Sta	atutes.								
SIGNATURE												B.7-2-2		
	Signature, typed	or printed name of registered a			OTE: Register	ed Agent		required w	hen reinstating)	CICHANCE	O TO OF	DATE	ND DIDECT	
12.		or printed name of registered a OFFICERS A		CTORS	OTE: Registen	ed Agent		required w		S/CHANGE	S TO OF		ND DIRECTO	
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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, with all other like empowered.

SIGNATURE:

CHREE RECUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 741-2992