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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:58

DOCUMENT # **V51493** **(7)**

1. Corporation Name
PMA CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD., N.W. SUITE ~~140~~ 215 BOCA RATON FL 33431	2295 CORPORATE BLVD., N.W. SUITE ~~140~~ 215 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1992
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2295 CORPORATE BLVD NW	26 2295 CORPORATE BLVD. NW.
Suite, Apt. #, etc. 22 SUITE 215	Suite, Apt. #, etc. 27 SUITE 215
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip / Country 24 33431 / 25 USA	Zip / Country 29 33431 / 30 USA

4. FEI Number: 65-0375568 ☐ 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

~~REYNOLDS, JAY J.~~
~~433 PLAZA REAL~~
~~SUITE 271~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name: GARY L. COATES
82 Street Address (P.O. Box Number is Not Acceptable): 2295 CORPORATE BLVD. NW
83 SUITE 215
84 City: BOCA RATON FL 85 Zip Code: 33431

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 4/3/95
Signature, typed or printed name of registered agent and title if applicable. (New Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	COYSDALE, VICTORIA	12 NAME		
STREET ADDRESS	2295 CORPORATE BLVD., NW	13 STREET ADDRESS	ADD SUITE 215	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	COATES, GARY	22 NAME		
STREET ADDRESS	2295 CORPORATE BLVD., NW	23 STREET ADDRESS	ADD SUITE 215	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: _____ 4/3/95 407-997-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000328 CP