

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V67152** (1)

1. Corporation Name  
**PENTA GROUP, INC.**



Principal Place of Business: **1515 NORTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432**  
Mailing Address: **1515 NORTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **09/25/1992**  
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business  
21. **400 S Dixie Hwy**  
22. **The Arbor, Suite 420**  
23. **Boca Raton, FL**  
24. **33432**  
2a. Mailing Address  
26. **6 Woods Edge Ct**  
27. **Greenville, SC**  
28. **29615**

4. FEI Number: **65-0360698**  
5. Certificate of Status Desired:  **\$8.75 Additional Fees 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      10. Name and Address of New Registered Agent

**DETTMERING, DON A**  
**1515 NORTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432**

81. Name: **DOUGLAS M GRAYBILL**  
82. Street: **400 S Dixie Hwy**  
83. **The Arbor, Suite 420**  
84. City: **Boca Raton, FL 33432**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named \_\_\_\_\_ 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 607.1507, Florida Statutes.

SIGNATURE: *D.M. Graybill* **D.M. Graybill, Pres** **1/25/96**  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHETSEL, CHARLES E</b>	
STREET ADDRESS	<b>511 NE 14TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAYBILL, DOUGLAS M</b>	
STREET ADDRESS	<b>3914 DEVON CT N</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DETTMERING, DON A</b>	
STREET ADDRESS	<b>3175 CATERBURY DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>400 S Dixie Hwy, The Arbor, Suite 420</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *D.M. Graybill* **D.M. Graybill** **1/25/96** **(864) 676-9963**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)