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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000005610 (9)**

1. Corporation Name
PEOPLEASE CORPORATION

Principal Place of Business	Mailing Address
300 WEST COLEMAN BOULEVARD, SUITE 207 MOUNT PLEASANT SC 29464	300 WEST COLEMAN BOULEVARD, SUITE 207 MOUNT PLEASANT SC 29464-9429

2. Principal Place of Business	2a. Mailing Address
21 1470 BEN SAWYER BLVD.	26 1470 BEN SAWYER BLVD.
Suite, Apt. #, etc. 22 SUITE	Suite, Apt. #, etc. 27 SUITE 7
City & State 23 MOUNT PLEASANT, SC	City & State 28 MOUNT PLEASANT, SC
Zip / Country 24 29464 / 25	Zip / Country 29 29464 / 30

3. Date Incorporated or Qualified: 11/16/1995
3a. Date of Last Report: 05/01/1996

4. FEI Number: 57-0993401 ☐ 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	10. Name and Address of New Registered Agent
WATKINS, DAVID S 16205 FEDERAL HIGHWAY, #931 POMPANO BEACH FL 33062-7517	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SCHELLENGER, CHARLES R 300 WEST COLEMAN BOULEVARD, SUITE 207 MOUNT PLEASANT SC 29464	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1470 BEN SAWYER BLVD., SUITE 7	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SPEER, D W 300 WEST COLEMAN BOULEVARD, SUITE 207 MOUNT PLEASANT SC 29464	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1470 BEN SAWYER BLVD., SUITE 7	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Charles R Schellenger 4-30-96 CHARLES R. SCHELLENGER (803) 849-1164