

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K47789** (8)

1. Corporation Name
PSCU SERVICE CENTERS, INC.

Principal Place of Business Mailing Address
**100 CARILLON PARKWAY, SUITE 300
P. O. BOX 31216 (TAMPA, FL 33631)
ST. PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1988	3a. Date of Last Report 03/16/1994
4. FEI Number 59-2922309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 560 Carillon Pkwy Suite Apt #, etc.	2a. Mailing Address 26 PO Box 31216 Suite, Apt #, etc.
22 City & State 23 St. Petersburg, FL	27 City & State 28 Tampa, FL
24 Zip 33716 Country Pinellas	29 Zip 33631 Country Hillsborough

9. Name and Address of Current Registered Agent
**SERLO, DAVE
100 CARILLON PARKWAY
SUITE 300
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent 81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 560 Carillon Pkwy	83	84 City St. Petersburg	85 State FL	86 Zip Code 33716
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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 of current registered agent and title of new agent

Signature of registered agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	NAME ELKINS, JOHN STREET ADDRESS 400 TOWN CENTER CITY, ST, ZIP DEARBORN MI	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME WALLING, JOHN STREET ADDRESS 101 S. BARRANCO CITY, ST, ZIP COVINA CA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME SERLO, DAVID STREET ADDRESS 100 CARILLON PWY #300 CITY, ST, ZIP ST. PETERSBURG FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME YOKUM, JEAN STREET ADDRESS 1055 W. MERCURY BLVD. CITY, ST, ZIP HAMPTON VA	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME OLSON, BEN STREET ADDRESS 2000 WESTWOOD DRIVE CITY, ST, ZIP WAUSAU WI	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	71 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	81 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	91 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), 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, in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Serlo*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-28-96
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