

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 # **K47789 (8)**

1. Corporation Name
PSCU SERVICE CENTERS, INC.



Principal Place of Business
**560 CARILLON PKWY
ST. PETERSBURG FL 33716
US**

Mailing Address
**PO BOX 31216
ST. PETERSBURG FL 33631
US**

3. Date Incorporated or Qualified
11/29/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2922309

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**SERLO, DAVE
560 CARILLON PKWY
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (if officer/registered agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, JOHN	
STREET ADDRESS	400 TOWN CENTER	
CITY-ST-ZIP	DEARBORN MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLING, JOHN	
STREET ADDRESS	101 S. BARRANCO	
CITY-ST-ZIP	COVINA CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SERLO, DAVID	
STREET ADDRESS	100 CARILLON PWY #300	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOKUM, JEAN	
STREET ADDRESS	1055 W. MERCURY BLVD.	
CITY-ST-ZIP	HAMPTON VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, BEN	
STREET ADDRESS	2000 WESTWOOD DRIVE	
CITY-ST-ZIP	WAUSAU WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
1.2 NAME	BARANOWSKI, ED	
1.3 STREET ADDRESS	3075 ALAFAYA TRAIL #300	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32826	
2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	VC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHARP, LARRY	
5.3 STREET ADDRESS	2121 N.D. STREET	
5.4 CITY-ST-ZIP	SAN BERNARDINO, CA. 92405	
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: *David Serlo* 4/12/96 (813) 571-4612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)