FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008354 (2)

Principal Plac	EMENT SERVICES, INC.	Mailing Address					
501 EAST TENNESSEE STREET 501 EAST TENNESSE TALLAHASSEE FL 32308 TALLAHASSEE FL 323							
					3. Date Incorporated or Qualified	3a. Date of Last R	Report
2 Principal F	Place of Business	2a. Mailing Address			12/01/1992 4. FEI Number	03/19/1996	antiad Fax
21	race or tidames	26			59-3151536		pplied For ot Applicable
Suite Apt	# etc.	Suite, Apt #, etc.	···			\$8.75	Additional
22		27				Fee Ro	equired
City & Stat 23	(6)	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for int	tangible tax under s	
24	25	29	30			Yes No	
	9. Name and Address of Cu RCE, ROBERT A	nent vehistelen Ağent	81	Name	10. Name and Address of New Regi	aratan waant	
	roe, nobert a 7 South Calhoun Street		82]	ress (P.O. Box Number is Not Acceptable		·
TALLAHASSEE FL 32301					1000 (1.10), DOX HUMBON IS HOL ACCEPTAGE	') 	· · · · · · · · · · · · · · · · · · ·
			∫83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607	0502 and 607,1508, Florida State	utes, the abov	e-named corr	poration submits this statement for the pur		ts registered
office or i agent. La	registered agent, or both, in the S I'm familiar with, and accept the o	itate of Florida. Such change was bligations of, Section 607.0505, F	s authorized b Florida Statute	y the corporal s.	poration submits this statement for the put tion's board of directors. I hereby accept	the appointment as	registered
SIGNATURE							
12.	Signature, typic comprised name of registers OFFICERS	d agent and little if applicable (NO AND DIRECTORS	DTE Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DAYE RS AND DIRECTOR	3S IN 12
101.8		DELETE	1.1 TITLE			☐ Change	Addition
NAME	WARREN, THOMAS A		1.2 NAME				
STREET ADDRESS	501 E TENNESSEE ST SU	HTE C	1.3 STREE	T ADDRESS			
CHY-SI-7IP TITLE	TALLAHASSEE FL	DELETE	1.4 CiTY - 21 TITLE	ST-21P		☐ Change	Addition
NAME		ב_ן טנננינ	2.2 NAME			C Collarge	E.J AUDITOR
SURETI ADDRESS				T ADDRESS	' - يور،	·2	
COTY - ST - 70°			2. 4 CITY-	ST-ZIP			
THLE		DELETE	3.1 TITLE	}		☐ Change	Addition
NAME office Laborator			3.2 NAME	T ADDRESS			
STREET ADDRESS. OUTVISTE ZUP			3.3 STREE 3.4. CITY -				
THEF	DELETE		4.1 TITLE		112011111111111111111111111111111111111	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
Official ST-7P		DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP		Change	Addition
TOLE NAME	}	L_ VLLEIT	5.1 HILE 5.2 NAME			LI Change	r-1 wanna
STREET ADDRESS				T ADDRESS			
CHY-S1-ZIF			5.4 CITY-				
TillE]	DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STEEL LADURESS			6.3 STREE	T ADDRESS			1

14. I do hereby certify that the information supplied with this filling 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 are 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 chapter 607, or not attachment with an address.

SIGNATURE:

FILED

Apr 14 1997 8:00am

Secretary of State