* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT **CORPORATION** ANNUAL REPORT 1997 97 NOV 10 M 8: 31 DOCUMENT # P95000059608 SECRETARY OF STATE TALLAHASSEE FLORIDA THE PSYCHIC SOLUTION, INC. Principal Place of Business 1098 NW 2nd AVENUE STE 3 Mailing Address SAME BOCA RATON, FL 33432 3. Date incorporated or Qualified 3a. Date of Last Report 7/31/95 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 65-0599057 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, alc \$8.75 Additional [33 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Zip Country Country 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Namo OTHEL TURNER Street Address (P.O. Box Number is Not Acceptable) 5787 W SUNRISE BLVD 83 PLANTATION, FL 33313 City 85 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 (CELLE Temperated Agent signature required when recestating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THE 111001 Change Addition D.P.T 12 NAME 300002346743---1 RONALD ALARCON -11/13/97--01086--007 STREET ADDRESS 20324 HACIENDA COURT 13 STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-ZIP 1 4 CITY - ST - ZIP ☐ Addition DELETE Tillf D, VP, S 21 11111 KATHY ALARCON 22 NAML 20324 HACIENDA COURT STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 2 4 CHY-ST-ZIP DELETE TITLE 3.1 100 F Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4111111 Change Addition STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CHY - S1 - ZIP DLLETE Change TITLE -51 mil Addition NAME 52 NAME STREET AUDRESS 5 3 STREET ADDRESS CITY - ST-ZIP 54 City -St-ZiP DELETE Addition 61 HILL Change NAME STREET ADORESS **63 STREET ADURESS** 6.4 City - St - ZiP 14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Unified certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shull have the same logal effect as if made under eath; that I am an efficient or director of the commalion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of Chapter 607 or Block 13 of Chapter 607.

SIGNATURE: BIONATURE AND TYPED OF FRINTED NAME OF BIONING OFFICER OR DIRECTOR

10/31/97 954-583-220 Dayting Please #



OTHEL TURNER & CO.

` ACCOUNTANTS 5787 WEST SUNRISE SOULEVARD * HUMANA PLAZA PLANTATION, FLORIDA 33313 (954) 583-2205 FAX: (954) 321-0532

October 31, 1997

Division of Corporation Reinstatement Division 409 East Gaines Street Tallahassee, Fl 32399 Attn.: Mr. Shaw

RE: THE PSYCHIC SOLUTION, INC.

1996 & 1997 ANNUAL REPORT REINSTATEMENTS

Dear Mr. Shaw:

We are requesting that the Division reinstate the above referenced corporation. We have enclosed an annual report for each year along with the \$165.00 fee for each year.

The corporation, any of its officers, or the registered agent has never received an annual report for this corporation. The reason the corporation may have not received the report may be due to an address change. We have changed the address on the annual report.

Please accept the reports and the enclosed check and reinstate the corporation as soon as possible.

Sincerely,

OTHEL TURNER

Accountant