

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000031666**

1. Corporation Name

**PSA BENEFIT CONSULTANTS, INC.**

Principal Place of Business  
**1550 MCMULLEN BOOTH ROAD  
SUITE 142-F3  
CLEARWATER FL 33759**

Mailing Address  
**1550 MCMULLEN BOOTH ROAD  
SUITE 142-F3  
CLEARWATER FL 33759**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/07/1998**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name

**Robert A. Kushel**

82 Street Address (P.O. Box Number is Not Acceptable)

**1550 McMullen Booth Rd.**

83

**Suite 142-F3**

84 City

**CLEARWATER**

FL

85 Zip Code

**33759**

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 **Robert A. Kushel - PRESIDENT**

**7/22/99**

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 **PD** ☐ DELETE  
NAME **KUSHEL, ROBERT A**  
STREET ADDRESS **1550 MCMULLEN BOOTH ROAD**  
CITY-ST-ZIP **CLEARWATER FL 33759**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **CAMPANGA, JOSEPH F.**  
1.3 STREET ADDRESS **11130 SUNRISE VALLEY DR., SUITE 206**  
1.4 CITY-ST-ZIP **AUSTIN, VA 20191**

TITLE **STD** ☐ DELETE  
NAME **KUSHEL, SUSAN J**  
STREET ADDRESS **1550 MCMULLEN BOOTH ROAD**  
CITY-ST-ZIP **CLEARWATER FL 33759**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **CAMPANGA, JOSEPH F.** ☐ DELETE  
NAME **CAMPANGA, JOSEPH F.**  
STREET ADDRESS **11130 SUNRISE VALLEY DR., SUITE 206**  
CITY-ST-ZIP **AUSTIN, VA 20191**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: **Robert A. Kushel, Pres.**

**7/22/99 813-286-1123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0092029

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90002 043 \*\*\*550.00

